



## **SPECIAL EVENTS FUND**

### **2022-2023 APPLICATION FORM**

#### **Instructions**

Please complete all sections, sign and date the form and return to:  
[Donna\\_Bigelow@gov.nt.ca](mailto:Donna_Bigelow@gov.nt.ca).

#### **Grant Decisions**

All applications received by the application deadline are screened for eligibility. Grant decisions are made and communicated in writing to applicants after the application deadline and review process. Funding under this program is limited.

#### **Obligations of Recipient**

Recipients are not required to provide any financial reporting after the event. However, the GNWT would appreciate any photos from the event.

**PLEASE COMPLETE ONE APPLICATION PER EVENT**

**DEADLINE FOR SUBMISSIONS IS FRIDAY, JUNE 10, 2022.**



## 1. EVENT TYPE

Please select the type of event you are applying for funding for:

| Check One                | Type of Event                   | Eligible Applicant                               | Maximum amount available |
|--------------------------|---------------------------------|--------------------------------------------------|--------------------------|
| <input type="checkbox"/> | Annual General Assembly Hosting | Indigenous Government                            | \$5,000                  |
| <input type="checkbox"/> | Special Assembly Hosting        | Indigenous Government                            | \$5,000                  |
| <input type="checkbox"/> | Special Event Hosting           | Indigenous Government or Indigenous Organization | \$5,000                  |
| <input type="checkbox"/> | National Indigenous Peoples Day | Indigenous Government or Indigenous Organization | \$1,000                  |

## 2. APPLICANT CONTACT INFORMATION

|                                               |  |
|-----------------------------------------------|--|
| Name of Applicant Government or Organization: |  |
| Contact Person:                               |  |
| Title of Contact Person:                      |  |
| Alternate Contact Person:                     |  |
| Telephone:                                    |  |
| Mobile Phone:                                 |  |
| Email:                                        |  |
| Fax:                                          |  |
| Mailing Address:                              |  |

## 3. ABOUT THE APPLICANT

- ☐ Indigenous Government
- ☐ Indigenous Organization
- ☐ A society created under the *NWT Societies Act*

Registered Society Name: \_\_\_\_\_



#### 4. EVENT INFORMATION

|                                    |  |
|------------------------------------|--|
| <b>Event Name:</b>                 |  |
| <b>Event Location (Community):</b> |  |
| <b>Event Start Date:</b>           |  |
| <b>Event End Date:</b>             |  |
| <b>Event Description:</b>          |  |

**Is the event in collaboration with another Indigenous government or Indigenous organization?**

☐ NO

☐ YES (please list partners involved and specify their role in the event)

**Partners:** \_\_\_\_\_

#### 5. EVENT COSTS (round to the nearest dollar)

**Ineligible Event Costs:** Vehicles, salaries, and honoraria do not qualify for funding.

|                                                            |  |
|------------------------------------------------------------|--|
| <b>PLANNED EXPENDITURES:</b> <i>Itemize and list costs</i> |  |
|                                                            |  |
|                                                            |  |
|                                                            |  |
|                                                            |  |
|                                                            |  |
|                                                            |  |
|                                                            |  |
| <b>Total Planned Expenditures (A)</b>                      |  |



|                                                                                                                                                                                            |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>ANTICIPATED REVENUE:</b> List any financial support from other organizations, federal and/or territorial departments and agencies, municipal government ( <i>give name and amount</i> ) |  |
|                                                                                                                                                                                            |  |
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|                                                                                                                                                                                            |  |
|                                                                                                                                                                                            |  |
| <b>DONATIONS IN-KIND</b>                                                                                                                                                                   |  |
|                                                                                                                                                                                            |  |
|                                                                                                                                                                                            |  |
|                                                                                                                                                                                            |  |
|                                                                                                                                                                                            |  |
| <b>Total Anticipated Revenue (B)</b>                                                                                                                                                       |  |
|                                                                                                                                                                                            |  |
| <b>Total Planned Expenditures (A)</b>                                                                                                                                                      |  |
| <b>Minus Total Anticipated Revenue (B)</b>                                                                                                                                                 |  |
| <b>Funding Requested (C)</b>                                                                                                                                                               |  |
|                                                                                                                                                                                            |  |
| <b>List items and amounts from Planned Expenditures to be paid for by this funding.</b>                                                                                                    |  |
|                                                                                                                                                                                            |  |
|                                                                                                                                                                                            |  |
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|                                                                                                                                                                                            |  |
|                                                                                                                                                                                            |  |
|                                                                                                                                                                                            |  |



**6. NAME AND SIGNATURE OF AN OFFICIAL(S) AUTHORIZED TO ENTER INTO THE PROPOSED AGREEMENT ON BEHALF OF THE APPLICANT.**

Name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

**7. CERTIFICATION:**

I certify that the information given is accurate and complete, and that the event proposal is fairly presented. I agree to publicly acknowledge funding and assistance by the Minister of Executive and Indigenous Affairs in accordance with the terms of the funding agreement. I understand the information provided in this application may be accessible under the *Access to Information and Protection of Privacy Act*.

\_\_\_\_\_  
Authorized Signature

Name \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_