PROJECT PROPOSAL FORM

ᐱᓇᓱᑦᑕᐅᒍᒪᔪᒥᒃ ᓄᐃᑦᓯᒍᑎᑦᓴᓂᒃ ᑕᑕᕐᓴᒐᑦᓭᑦ

Program Eligibility

ᐱᓇᓱᑦᑕᓄᑦ ᐊᑐᕐᑕᐅᒍᓐᓇᑐᑦ ᐊᖏᕐᑕᐅᒪᔪᑦ

**To be eligible for funding, applicants must**:

ᐊᖏᕐᑕᐅᒍᓐᓇᓂᐊᕐᐸᑦ ᑮᓇᐅᔭᕐᑖᑎᑕᐅᓗᑎᑦ, ᑐᑦᓯᕋᐅᑎᓕᐅᕐᑐᑦ ᐃᒣᒋᐊᓖᑦ:

* Demonstrate strong community support through official resolutions;
* Demonstrate coordination and/or integration with existing and proposed community programming;
* Meet identified community needs and must not duplicate existing services;
* Include a strong evaluation component;
* Include a planning and implementation process, which include community members.
* ᓴᐳᑦᔭᐅᓯᒪᑦᓯᐊᕆᐊᓕᒃ ᓄᓇᓕᒻᒧᑦ ᑐᑭᑖᕈᑎᑎᒍᑦ;
* ᓄᐃᑕᑦᓯᐊᕆᐊᓕᒃ ᑐᑭᒧᐊᑦᓯᐊᑎᑕᐅᓂᖓ ᐊᒻᒪᓗ/ᐅᕝᕙᓗᓐᓃᑦ ᑲᔪᓯᓕᕐᑎᑕᐅᓂᖓ ᐃᓚᖃᕐᓗᑎᑦ ᐱᓇᓱᑦᑕᐅᒌᕐᑐᒥᒃ ᐊᒻᒪᓗ ᐅᓐᓂᑑᓕᓕᐊᕆᔭᐅᒪᔪᒧᑦ ᓄᓇᓕᒻᒧᑦ.
* ᑲᔪᓯᑎᑦᓯᓗᓂ ᓇᓗᓀᕐᑕᐅᒪᔪᓂᒃ ᑭᖕᖒᒪᒋᔭᐅᔪᓂᑦ ᓄᓇᓕᒻᒧᑦ ᐊᒻᒪᓗ ᐊᑦᔨᒋᔭᐅᒋᐊᖃᖕᖏᑐᖅ ᐱᒍᑦᔨᒍᑎᐅᒌᕐᑐᓂᑦ;
* ᐃᓚᖃᕐᓗᓂ ᕿᒥᕐᕈᒋᐊᓪᓛᓂᖃᑦᓯᐊᓂᕐᒥᒃ;
* ᐃᓚᐅᑎᓪᓗᒋᑦ ᐸᕐᓀᓂᖅ ᐊᒻᒪᓗ ᑲᔪᓯᓕᕐᑎᓯᓂᑦᓴᖓ, ᐃᓚᐅᑎᓪᓗᒋᑦ ᓄᓇᓕᒻᒥᐅ.

|  |
| --- |
| Brighter Futures Objectivesᖃᐅᒪᓂᕐᓴᓂᒃ ᓯᕗᓂᑦᓴᓕᐅᕐᓂᒥᒃ ᐱᓇᓱᓐᓂᐅᑉ ᑐᕌᒐᖏᑦ  |

1. Increase awareness in mental health, child development, healthy babies, injury prevention and parenting skills;

 ᑐᑭᓯᒪᔭᐅᓕᐅᒥᑎᑦᓯᓂᖅ ᐃᓱᒪᒃᑯᑦ ᖃᓄᐃᖕᖏᓯᐊᕐᓂᒥᒃ, ᐱᐊᕋᐅᑉ/ᑲᒃᑲᓛᑉ ᐱᕈᕐᐸᓕᐊᓂᖓᓂᒃ, ᐱᐊᕌᕈᐃᑦ/ᓄᑕᕃᑦ ᖃᓄᐃᖕᖏᓯᐊᕐᓂᖏᓐᓂᑦ, ᐊᕐᖁᓇᕐᑎᓯᑦᑌᓕᓂᕐᒧᑦ ᐊᒻᒪᓗ ᕿᑐᕐᖓᒥᓂ ᐱᕈᕐᓭᓂᐊᕐᓂᓄᑦ;

1. Improve the knowledge and skills in front line health workers and community members in the areas of mental health, child development, healthy babies, injury prevention and parenting skills;

 ᑐᑭᓯᒪᔭᐅᓕᐅᒥᑎᑦᓯᓗᓂ ᐱᒍᓐᓇᓯᓕᐅᒥᑎᓗᓂᓗ ᓯᕗᓪᓕᖏᓐᓂᑦ ᑐᑭᓕᕇᑦᑐᓂ ᐃᓗᓯᓕᕆᓂᕐᒥ ᐱᓇᓱᑦᑎᓂᑦ ᓄᓇᓕᒻᒥᐅᓂᓗ ᐃᓱᒪᒃᑯᑦ ᖃᓄᐃᖕᖏᓯᐊᕐᓂᒧᓕᖓᔪᓂᑦ, ᐱᐊᕋᐅᑉ/ᑲᒃᑲᓛᑉ ᐱᕈᕐᐸᓕᐊᓂᖓᓄᑦ, ᐱᐊᕌᕈᐃᑦ/ᓄᑕᕃᑦ ᖃᓄᐃᖕᖏᓯᐊᕐᓂᖏᓐᓂᑦ, ᐊᕐᖁᓇᕐᑎᓯᑦᑌᓕᓂᕐᒧᑦ ᐊᒻᒪᓗ ᕿᑐᕐᖓᒥᓂ ᐱᕈᕐᓭᓂᐊᕐᓂᓄᑦ;

1. Provide opportunities to improve health services and develop community-based module projects;

 ᐱᐅᓯᐅᒥᒋᐊᕐᕕᓴᖃᕐᑎᓗᒋ ᐃᓗᓯᓕᕆᓂᕐᒥ ᐱᒍᑦᔨᒍᑎᐅᔪᓂᑦ ᓄᐃᑦᓯᓗᑎᓗ ᓄᓇᓕᒻᒥᐅᓄᑦ ᐱᓇᓱᑦᑕᐅᔪᑦᓴᓂ ᐊᑦᔨᒌᖕᖏᑐᓂᑦ;

1. Address the serious health problems affecting children and families in a community-based, holistic and integrated manner and support optimal health and social development of infants, toddlers and pre-school age children;

 ᑲᒪᒋᔭᖃᕆᐊᕐᓗᓂ ᐱᒻᒪᕆᓂᑦ ᐃᓗᓯᕐᒧᑦ ᖃᓄᐃᒍᑕᐅᓲᓂᑦ ᐱᐊᕋᕐᓄᑦ/ᑲᒃᑲᓛᓄᑦ ᐃᓚᒌᓄᓗ ᓄᓇᓕᒻᒥ ᐱᓇᓱᐊᕐᑕᐅᓗᑎᑦ, ᐃᓘᓐᓈᒍᑦ ᐊᒻᒪᓗ ᐃᓚᐅᑎᑕᐅᓂᖃᕐᓗᑎᑦ ᐃᑲᔪᕐᓯᔭᐅᓗᑎᓗ ᐱᕕᓕᒫᖓᒍᑦ ᐃᓗᓯᕐᓱᓯᐊᕐᓂᓴᖏᓐᓂᑦ ᐱᕈᕐᐸᓕᐊᑦᓯᐊᓂᑦᓴᖏᓐᓂᓗ ᐱᐊᕌᕈᐃᑦ/ᓄᑕᕃᑦ, ᐱᐊᕃᑦ/ᑲᒃᑲᓛᑦ ᐊᒻᒪᓗ ᐃᓕᓐᓂᐊᑏᑦ/ᐃᓕᓵᑦ ᐱᐊᕃᑦ/ᑲᒃᑲᓛᑦ;

1. Improve the health of children by facilitating the prevention of and early intervention on health problems and by promoting better integration of health services;

 ᐃᓗᓯᕐᓱᓯᐊᓕᐅᒥᑎᑦᓯᓗᑎᑦ ᐱᐊᕋᕐᓂᑦ/ᑲᒃᑲᓛᓂᑦ ᐃᑲᔪᕐᓯᓂᑦᑎᒍᑦ ᓯᕗᕐᖐᒐᓱᓐᓂᓂᑦ ᐊᒻᒪᓗ ᖃᓄᕐᑑᕈᑎᑲᐱᖃᖃᑦᑕᓗᑎᑦ ᐃᓗᓯᕐᒧᑦ ᖃᓄᐃᒍᑎᐅᔪᓂᑦ ᐊᒻᒪᓗ ᐱᐅᓯᐅᒥᑎᑦᓯᓂᑎᒍᑦ ᐃᓗᓯᓕᕆᓂᕐᒥ ᐱᒍᑦᔨᒍᑎᓂᑦ;

1. Assist parents and professionals with information on the knowledge and skills necessary to effectively contribute to the improved health and development of children;

 ᐃᑲᔪᕐᓯᓗᑎᑦ ᐊᖓᔪᕐᖄᖑᔪᓂᑦ ᐱᓇᓱᑦᑎᓂᓗ ᖃᐅᔨᒪᔭᐅᑎᑦᓯᓂᑎᒍᑦ ᑐᑭᓯᒪᔭᐅᒋᐊᓕᓐᓂᑦ ᐱᒍᓐᓇᓯᑎᑦᓯᓂᑎᒍᓪᓗ ᐃᑲᔪᕐᓯᒍᓐᓇᓯᓂᐊᕐᒪᑕ ᐱᐅᓯᐅᒦᒋᐊᕐᓗᑎᓗ ᐃᓗᓯᖏᓐᓂᑦ ᐱᕈᕐᐸᓕᐊᓂᖏᓐᓂᓗ ᐱᐊᕃᑦ/ᑲᒃᑲᓛᑦ;

1. Support community development and provide opportunity for the recipient’s community or organization to find their own solutions to health and developmental needs of children, youth, family and community;

 ᐃᑲᔪᕐᓯᓗᓂ ᓄᓇᓕᐅᑉ ᐱᕙᓪᓕᐊᓂᖓᓂᒃ ᐱᕕᑦᓴᖃᕐᑎᓯᓂᑎᒍᓗ ᐱᒍᑦᔭᐅᔫᑉ ᓄᓇᓕᖓᓂᒃ ᑎᒥᐅᔪᒥᓗᓐᓃᑦ ᓇᒻᒥᓂᖅ ᖃᓄᕐᑑᕈᑎᑦᓴᓕᐅᓂᐊᕐᒪᑕ ᐃᓗᓯᓕᕆᓂᕐᒧᑦ ᐊᒻᒪᓗ ᐱᕈᕐᐸᓕᐊᑦᓯᐊᓂᖓᓄᑦ ᑭᖕᖑᒪᒋᔭᐅᔪᓂᑦ ᐱᐊᕋᕐᓄᑦ/ᖃᒃᑲᓛᓄᑦ, ᐃᓅᓱᑦᑐᓄᑦ/ᐅᕕᒐᕐᑐᓂᑦ, ᐃᓚᒌᓄᑦ ᓄᓇᓕᒻᒧᓗ;

1. Ensure integrated and coordinated care for children and families by coordination human service sectors (health, social service, justice, education, employment, etc.).

 ᐃᓚᐅᑎᑦᓯᐊᓗᒋᑦ ᑐᑭᒧᐊᑦᑎᑕᐅᓗᑎᓗ ᑲᒪᒋᔭᐅᑦᓯᐊᓂᖏᑦ ᐱᐊᕃᑦ/ᑲᒃᑲᓛᑦ ᐃᓚᒌᓗ ᑐᑭᒧᐊᑦᑎᓯᓂᑎᒍᑦ ᐱᓇᓱᑦᑎᖃᕐᓂᓄᑦ ᐱᒍᑦᔨᕕᖓᓂᒃ (ᐃᓗᓯᓕᕆᓂᕐᒥ, ᐃᓅᖃᑎᒌᓄᑦ ᐱᒍᑦᔨᓂᕐᒥ, ᐱᖁᔭᓕᕆᓂᑎᒍᑦ, ᐃᓕᓐᓂᐊᓂᑎᒍᑦ/ᐃᓕᓴᕐᓂᑎᒍᑦ, ᐱᓇᓱᒐᖃᕐᓂᑎᒍᑦ, ᐊᓯᖏᓪᓗ).

|  |
| --- |
| Activities must ᓱᖃᑦᓯᒍᑏᑦ ᐃᒣᑦᑐᒋᐊᖃᕐᖁᑦ: |

* Deliver culturally appropriate and holistic community-based programs to community members and in partnership with community leadership in one or more of the following components of the Brighter Futures program:
* ᐃᓗᕐᕈᓯᒧᓕᖓᑦᓯᐊᑐᒥᒃ ᐃᓘᓐᓈᒍᕐᑐᒥᓗ ᓄᓇᓕᒻᒧᑦ ᐱᓇᓱᑦᑕᐅᓗᓂ ᓄᓇᓕᒻᒥᐅᓄᓕᖓᔪᓂᑦ ᐱᓇᓱᖃᑎᖃᕐᓗᑎᓗ ᓄᓇᓕᐅᑉ ᓯᕗᓕᕐᑎᖏᓐᓂᑦ ᐊᑕᐅᓯᕐᒥᒃ ᐅᖓᑖᓄᓗᓐᓃᑦ ᐅᑯᓂᖓ ᐃᓗᓕᖏᓐᓂᑦ ᖃᐅᒪᓂᕐᓴᓂᒃ ᓯᕗᓂᑦᓴᓕᐅᕐᓂᒧᑦ ᐱᓇᓱᑦᑕᐅᔪᓂᑦ:
	+ mental health
	+ child development
	+ healthy babies
	+ injury prevention
	+ ᐃᓱᒪᒃᑯᑦ ᖃᓄᐃᖕᖏᓯᐊᕐᓂᒧᑦ
	+ ᐱᐊᕋᐅᑉ/ᑲᒃᑲᓛᑉ ᐱᕈᕐᐸᓕᐊᑦᓯᖓᓂᖓᓄᑦ
	+ ᐱᐊᕃᑦ/ᓄᑕᕃᑦ ᐃᓗᓯᕐᓱᓯᐊᕐᓂᖏᓐᓄᑦ
	+ ᐊᕐᖁᓇᕐᑎᓯᑦᑌᓕᓂᕐᒧᑦ
* Develop and disseminate culturally sensitive resource materials targeted to high risk families and children
* Provide training opportunities to front line workers and community members
* Assist children and parents to develop positive and satisfying attitudes, values and skills that have roots in their cultural heritage
* Undertake activities to develop at least one of the following areas:
* ᓄᐃᑦᓯᓗᑎᑦ ᑐᓴᕐᑕᐅᑎᑦᓯᓗᑎᓗ ᓇᐅᓕᒫᓄᑦ ᐃᓗᕐᕈᓯᒧᓕᖓᔪᒥᒃ ᐃᑲᔪᕐᓯᒍᑎᑦᓴᓂᑦ ᑐᕌᖓᔪᓂᑦ ᐊᑦᑕᓇᕐᑐᒦᑐᐃᓐᓇᕆᐊᓕᓐᓄᑦ ᐃᓚᒌᓄᑦ ᐱᐊᕋᕐᓄᓗ/ᑲᒃᑲᓛᓄᓗ
* ᐃᓕᓐᓂᐊᑎᑦᓯᓗᑎᑦ/ᐃᓕᓭᓗᑎᑦ ᑐᑭᓕᕇᑦᑐᓄᑦ ᓯᕗᓪᓕᖏᓐᓃᑐᓂᑦ ᐱᓇᓱᑦᑎᓂᑦ ᓄᓇᓕᒻᒥᐅᓂᓗ
* ᐃᑲᔪᕐᓯᓗᑎᑦ ᐱᐊᕋᕐᓂᑦ/ᑲᒃᑲᓛᓂᑦ ᐊᖓᔪᕐᖄᖏᓐᓂᓗ ᐱᐅᓂᔪᒥᒃ ᐊᓕᐊᓇᕐᑐᒥᓗ ᐱᐅᓯᕐᓂᑦ, ᐱᒻᒪᕆᖁᑎᐅᔪᓂᑦ ᐊᒻᒪᓗ ᐱᒍᓐᓇᓯᓗᑎᑦ ᑐᖕᖓᕕᓕᓐᓂᑦ ᐃᓗᕐᕈᓯᒥᓂᑦ
* ᓱᖃᑦᓯᒍᑎᑦᓴᖃᕐᑎᓯᓗᑎᑦ ᐊᑕᐅᓯᕐᔪᐊᒥᓗᓐᓃᑦ ᐅᑯᓂᖓ ᐱᓇᓱᑦᑕᐅᓗᑎᑦ:
	+ Specialized mental health training
	+ Research and program evaluation
	+ Community mental health model development
	+ Community approaches to child development
	+ Program standards and networks
	+ ᐱᓪᓗᑯᒋᐊᓕᑎᒍᑦ ᐃᓱᒪᒃᑯᑦ ᖃᓄᐃᖕᖏᓯᐊᕐᓂᒧᓕᖓᔪᓂᑦ ᐃᓕᓐᓂᐊᑎᑦᓯᓂᖃᕐᓗᓂ/ᐃᓕᓭᓂᖃᕐᓗᓂ
	+ ᖃᐅᔨᓴᕐᓂᖅ ᐊᒻᒪᓗ ᐱᓇᓱᑦᑕᐅᔪᑦᓴᓂ ᕿᒥᕐᕈᒋᐊᓪᓛᓂᖅ
	+ ᓄᓇᓕᒻᒥ ᐃᓱᒪᒃᑯᑦ ᖃᓄᐃᖕᖏᓯᐊᕐᓂᒧᓕᖓᔪᓂᑦ ᓄᐃᑦᓯᓗᑎᑦ
	+ ᓄᓇᓕᒻᒥ ᐱᓯᒪᔪᓂᑦ ᓄᐃᑦᓯᓗᑎᑦ ᐱᐊᕋᐅᑉ/ᑲᒃᑲᓛᑉ ᐱᕈᕐᐸᓕᐊᑦᓯᐊᒍᑎᑦᓴᖏᓐᓂᑦ
	+ ᐱᓇᓱᑦᑕᐅᔪᖅ ᑐᖕᖓᕕᐅᓂᐊᕐᑐᓂᒃ ᐱᑕᖃᕐᓗᓂ ᐊᒻᒪᓗ ᑐᓴᐅᒪᖃᑎᒌᓐᓂᖃᕐᓗᑎᑦ

**Please note the following steps to follow in order to receive funding from Brighter Futures:**

**ᖃᐅᔨᒪᔭᐅᒋᐊᓕᒃ ᐅᑯᐊ ᖃᓄᐃᓗᕈᑎᐅᒋᐊᓖᑦ ᐊᓪᓕᖓᓃᑦᑐᑦ ᒪᓕᑦᑕᐅᒋᐊᖃᕐᖁᑦ ᑮᓇᐅᔭᕐᑖᕈᓐᓇᓂᐊᕈᑎᒃ ᖃᐅᒪᓂᕐᓴᓂᒃ ᓯᕗᓂᑦᓴᓕᐅᕐᓂᒥᒃ ᐱᓇᓱᑦᑕᐅᓂᖓᓂ:**

1. Fill out proposal form in as much detail as possible and without missing important section. Precedent version of this form will not be accepted;

 ᐊᓪᓚᕕᒋᓗᒍ ᑕᑕᕐᓴᒐᑦᓴᖅ ᐱᓇᓱᑦᑕᐅᔪᑦᓴᓕᒫᑦ ᐃᓗᓕᓕᒫᖏᓐᓂᑦ ᐊᒥᐊᒃᑯᖏᓪᓗᑎᓗ ᐱᒻᒪᕆᐅᔪᓂᑦ ᑕᑕᕐᓴᑕᐅᒪᒋᐊᓕᓐᓂᒃ. ᑕᑕᕐᓴᒐᐅᖃᑦᑕᑐᕕᓃᑦ ᑖᒃᑯᓂᖓ ᓯᕗᓪᓕᕕᓂᖏᑦ ᑲᒪᒋᔭᐅᖃᑦᑕᓛᖕᖏᑐᑦ;

1. Bring proposal form to the secretary Treasurer at your local NV and request a resolution supporting this project. Education Committee resolutions are not accept unless you are requesting funding for a regional project;

 ᐅᓐᓂᑑᑎᓕᐊᕕᓃᑦ ᑕᑕᕐᓴᓯᒪᔪᑦ ᐊᓪᓚᑎᒧᑦ ᑮᓇᐅᔭᓕᕆᔨᕐᒧᓗᒋᑦ ᓄᓇᓕᐅᑉ ᑲᕙᒫᐱᒃᑯᖓᓄᑦ ᑐᑭᑖᕈᑎᑖᕈᑎᒥᒃ ᑐᑦᓯᕋᕐᓗᑎᑦ ᓴᐳᑦᔨᓂᕃᒍᑎᒥᒃ ᑖᑦᓱᒥᖓ ᐱᓇᓱᑦᑕᒥᒃ. ᐃᓕᓐᓂᐊᓂᓕᕆᔩᑦ ᑲᑎᖕᖓᔨᖏᓐᓄᑦ ᑐᑭᑖᕈᑎᓕᐊᕕᓂᖅ ᐊᖏᕐᑕᐅᒍᑎᐅᓲᖑᖕᖏᑐᑦ ᑐᑦᓯᕋᐅᑎᒥᒃ ᑌᒣᒍᓐᓇᑐᖅ ᑮᓇᐅᔦᓕᕿᒍᕕᑦ ᓄᓇᓕᓕᒫᓄᓕᖓᔪᒥᒃ ᐱᓇᓱᑦᑕᐅᔪᑦᓴᒥᒃ;

1. Once you have taken these steps, the proposal along with the resolution should be faxed or emailed to the coordinator of Brighter Futures at the NRBHSS (see information on page 5);

 ᑖᒃᑯᐊ ᐱᔭᕇᕐᓯᒪᓕᕈᕕᒃᑭᑦ, ᐅᓐᓂᑑᑎᓕᐊᕕᓂᖅ ᐃᓚᖃᕐᑎᓗᒍ ᑐᑭᑖᕈᑎᒥᒃ ᓱᑲᑦᑐᑯᑦ ᐊᐅᓪᓚᑎᑕᐅᔪᑦᓴᐅᔪᖅ ᖃᕆᑕᐅᔭᑎᒍᓗᓐᓃᑦ ᑐᑭᒧᐊᑦᑎᓯᔨᖓᓄᑦ ᖃᐅᒪᓂᕐᓴᓂᒃ ᓯᕗᓂᑦᓴᓕᐅᕐᓂᒥᒃ ᐱᓇᓱᑦᑕᐅᔪᓂ ᑐᑭᒧᐊᑦᑎᓯᔨᖓᓄᑦ ᓄᓇᕕᒻᒥ ᐃᓗᓯᓕᕆᓂᕐᒧᑦ ᑲᑎᒪᔨᒃᑯᓂ (ᑕᑯᓗᒍ ᐅᖄᓚᐅᑎᖏᑦ ᓯᓚᑎᖏᑦ ᒪᑉᐱᕋᖅ 5ᒥᑦᑐᑦ)

1. An internal steering committee meets every two weeks, whenever possible to review all proposals along with resolutions for final approval. All projects are not necessarily approve automatically even if they have municipal resolutions, therefore all communities must ensure that they wait for the approval letters sent by the NRBHSS before proceeding with their projects;

 ᐱᒍᑦᔨᕕᐅᑉ ᐃᓗᐊᓂ ᐊᐅᓚᑦᓯᓂᕐᒧᑦ ᑲᑎᖕᖓᔩᑦ ᑲᑎᖕᖓᓲᖑᕗᑦ ᐱᓇᓱᐊᕈᓰᒃ ᒪᕐᕈᑕᒫᑦ, ᖃᖓᑐᐃᓐᓇᖅ ᕿᒥᕐᕈᒋᐊᓪᓛᕆᐊᖃᓕᕋᒥᒃ ᐅᓐᓂᑑᑎᓕᐊᕕᓂᕐᓂᑦ ᑐᑭᑖᕈᑎᑦᑕᓕᓐᓂᑦ ᐊᖏᕐᑕᐅᓂᑦᓴᖏᓐᓂᑦ. ᐱᓇᓱᑦᑕᐅᔪᓕᒫᑦ ᐊᖏᕐᑕᐅᓯᑐᐃᓐᓇᓲᖑᖕᖏᑐᑦ ᐃᓚᖃᕋᓗᐊᕋᒥᒃ ᓄᓇᓕᐅᑉ ᑐᑭᑖᕈᑎᖓᓂᒃ, ᑌᒣᒻᒪᑦ ᓄᓇᓕᓕᒫᑦ ᐅᑕᕐᕿᓯᐊᕆᐊᖃᕐᖁᑦ ᐊᖏᕐᑕᐅᒍᑎᒥᒃ ᐊᓪᓚᑖᕐᓯᒪᓗᑎᑦ ᐊᐅᓪᓚᑎᑕᕕᓂᕐᒥᒃ ᓄᓇᕕᒻᒥ ᐃᓗᓯᓕᕆᓂᕐᒧᑦ ᑲᑎᒪᔨᖏᓐᓄᑦ ᐱᒋᐊᓚᐅᕋᑎᒃ ᐱᓇᓱᑦᑕᒥᓂᑦ;

1. Whether your project has or has not been approve, the B.F. coordinator will contact you by phone, as well as by mail confirming our decision concerning the project request;

 ᐱᓇᓱᑦᑕᓯ ᐊᖏᕐᑕᕕᓂᐅᑉᐸᑦ ᖏᑉᐸᓗᓐᓃᑦ, ᖃᐅᒪᓂᕐᓴᓂᒃ ᓯᓂᑦᓴᓕᐅᕐᓂᒥᒃ ᐱᓇᓱᑦᑕᐅᓂᖓᑕ ᑐᑭᓯᐊᑦᑎᓯᔨᖓ ᐅᖄᓚᕕᖃᓂᐊᕐᑐᖅ, ᐊᓪᓚᓯᒪᔪᑎᒍᓗ ᑐᓴᕐᑎᓯᓗᓂ ᑐᑭᑖᕈᑎᐅᔪᓂᑦ ᐱᓇᓱᑦᑕᐅᒐᓱᑦᑐᑦ ᑐᑦᓯᕋᐅᑎᖓᓄᓕᖓᔪᓂᒃ;

1. If the project has been approved, the approved ½ of funds will be transfer to project managers through your local NV. The other ½ will be send when Activity Report are received (see next comments);

 ᐱᓇᓱᑦᑕᐅᒐᓱᑦᑐᖅ ᐊᖏᕐᑕᐅᐸᑦ, ᐊᖏᕈᑎᑕᐅᒪᔪᑦ ᕿᑎᕐᖃᖏᑦ ᑮᓇᐅᔦᑦ ᐊᐅᓪᓚᑎᑕᐅᓛᕐᑐᑦ ᐱᓇᓱᑦᑕᒥᒃ ᐊᐅᓚᑦᓯᔨᖓᓄᑦ ᐊᕐᖁᑎᖃᕐᓗᑎᑦ ᓄᓇᓕᐅᑉ ᑲᕙᒫᐱᖓᓂᒃ. ᕿᑎᕐᕋᒋᐊᓪᓚᖏᑦ ᐊᐅᓪᓚᑎᑕᐅᓛᕐᑐᑦ ᐱᓇᓱᑦᑕᕕᓂᕐᒧᓕᖓᔪᓂᒃ ᑐᓴᕐᑎᓯᒍᑎᖏᓐᓂᑦ ᑎᑭᑕᐅᒍᑎᒃ (ᑕᑯᓗᒍ ᐊᓪᓕᖏᓐᓂᑦ ᐅᖃᐅᓯᑦᓭᑦ);

1. Once the project has been complete, an Activity and Financial Report must be send to the Brighter Futures coordinatorwithin 30 days of the completion of your project. This should include all copies of receipts and invoices used for the approved project along with the completed activity report form, which will be provide to each project manager at the time the project begins. This ensures that you will receive the last ½ of funding and to make sure future funding will continue to be available to your community;

 ᐱᓇᓱᑦᑕᐅᔪᖅ ᐱᔭᕆᕐᑐᕕᓂᐅᓕᕐᑎᓗᒍ, ᐱᓇᓱᑦᑕᕕᓂᕐᓂᒃ ᑐᓴᕐᑎᓯᒍᑎᒃ ᐊᒻᒪᓗ ᑮᓇᐅᔭᕐᑑᑎᕕᓂᕐᓂᑦ ᑐᓴᕐᑎᓯᒍᑎᒃ ᐊᐅᓪᓚᑎᑕᐅᒋᐊᖃᕐᖁᑦ ᖃᐅᒪᓂᕐᓴᓂᒃ ᓯᕗᓂᑦᓴᓕᐅᕐᓂᒥᒃ ᐱᓇᓱᑦᑕᐅᔪᓂᒃ ᑐᑭᒧᐊᑦᑎᓯᔨᖓᓄᑦ ᐅᓪᓗᐃᑦ 30 ᓈᓚᐅᕐᑎᓇᒋᑦ ᐱᔭᕇᕐᑐᕕᓂᐅᓕᕐᑎᓗᓯ ᐱᓇᓱᑦᑕᓯᓐᓂᒃ. ᐃᓚᐅᑎᑕᐅᒋᐊᓖᑦ ᓂᐅᕕᕈᑎᕕᓃᑦ ᐊᑭᓖᒍᑎᕕᓃᓗ ᐊᑦᔨᖏᑦ ᐊᖏᕐᑕᐅᒪᔪᒧᑦ ᐱᓇᓱᑦᑕᒧᓕᖓᒧᑦ ᐃᓚᖃᕐᓗᑎᑦ ᐱᔭᕇᕐᓯᒪᔪᒥᒃ ᐱᓇᓱᑦᑕᒥᒃ ᑐᑭᓯᓇᕐᑎᓯᒍᑎᒃ ᑕᑕᕐᓴᒐᑦᓴᒥᒃ, ᐁᑦᑐᑕᐅᓂᐊᕐᑐᑦ ᐱᓇᓱᑦᑕᒥᒃ ᐊᐅᓚᑦᓯᔪᓕᒫᑦ ᐱᓇᓱᑦᑕᖅ ᐱᒋᐊᓯᑎᓪᓗᒍ. ᑖᒃᑯᐊ ᕿᑎᕐᖃᖏᓐᓂᑦ ᑮᓇᐅᔭᕐᑖᕈᑎᐅᓂᐊᕐᑐᑦ ᐊᒻᒪᓗ ᓯᕗᓂᕐᒥᒃ ᐱᓇᓱᑦᑕᐅᒐᔭᕐᑐᑦ ᑲᔪᓯᒍᓐᓇᓯᐊᓂᐊᕐᒪᑕ ᑮᓇᐅᔭᖃᕐᑎᑕᐅᒍᓐᓇᓗᓂᓗ ᓄᓇᓕᓯ;

1. The consequences of not sending the report on time – it will result in not receiving the last ½ funding

 ᓱᕐᕋᑕᐅᒍᑎᐅᓂᐊᕐᑐᑦ ᐊᐅᓪᓚᑎᑦᓯᖏᒃᑯᓯ ᑐᓴᕐᑎᓯᒍᑎᒥᒃ ᐱᕕᒋᔭᐅᒋᐊᓕᒻᒥ - ᕿᑎᕐᖃᖏᓐᓂᑦ ᑮᓇᐅᔭᕐᑖᕆᒋᐊᓕᓯᓐᓂᑦ ᑎᑭᑎᑦᓯᕕᐅᓂᐊᖕᖏᑐᓯ

**Eligible examples:** airfare inside Canada, lodging, salary, snacks, gas for outing, rental, office supplies (papers, pen), materials for sewing projects, etc.

**ᐊᖏᕐᑕᐅᒍᓐᓇᑐᖅ ᐅᑦᑑᑎᖏᑦ:** ᖃᖓᑦᑕᐅᑎᖏᑦ/ᑎᒻᒥᔫᒃᑯᕈᑎᖏᑦ ᑲᓇᑕᐅᑉ ᐃᓗᐊᓂ, ᓯᓂᑦᑕᐅᑏᑦ, ᑮᓇᐅᑦᔭᓵᑦ, ᑕᒧᓗᒉᑦ, ᐅᕐᓱᐊᓗᒃ ᒪᙯᒍᑎᒃ, ᐊᑦᑕᑐᕈᑎᒃ, ᐊᓪᓚᕕᒻᒥ ᐱᖁᑏᑦ (ᐊᓪᓚᕕᑦᓭᑦ, ᐊᓪᓚᐅᑎᒃ), ᒥᕐᓱᒉᑦ ᒥᕐᓱᓂᕐᒥᒃ ᐱᓇᓱᑦᑐᓄᑦ, ᐊᓯᖏᑦ.

**Not eligible examples:** cigarettes, alcohol, camping gears, sewing machines, electronic, clothing, make-ups when you have girl’s project, etc.

**ᐊᖏᕐᑕᐅᒍᓐᓇᖏᑦᑐᑦ ᐅᑦᑑᑎᖏᑦ:** ᓱᐴᕈᑏᑦ/ᑐᐹᑮᑦ, ᐃᒥᐊᓗᒃ, ᒪᙯᒍᑏᑦ ᐱᐅᒃᑯᑏᑦ, ᒥᕐᓱᔫᑦ, ᐃᑯᒪᒨᕐᑐ ᓱᓇᑐᐃᓐᓇᖅ, ᐊᓐᓄᕌᑦ, ᐱᐅᓴᐅᑏᑦ ᓂᕕᐊᕐᓯᐊᓄᓕᖓᔪᓂᑦ ᐱᓇᓱᑦᑕᓄᑦ, ᐊᓯᖏᑦ.

FOR MORE INFORMATION

**Please do not hesitate to contact me. I look forward to working with you in the near future.**

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES**

**DIANE SNOWBALL**

 Coordinator of Community Based programs

Email: diane.snowball@ssss.gouv.qc.ca

Telephone: (819) 964-2222 Ext 349

Fax: (819) 964-2683

ᑐᑭᓯᒋᐊᕐᕕᓴᖅ

**ᐅᖄᕕᖃᕈᓐᓇᖁᑎᑦ ᐅᕙᓐᓂᒃ. ᐱᓇᓱᖃᑎᖃᓛᕐᓂᕋᓂᒃ ᐃᓕᓐᓂᒃ ᕿᓚᓈᕐᖁᖓ ᒫᓐᓇᖃᒻᒥᐅᓂᐊᕐᑐᖅ.**

**ᓄᓇᕕᒻᒥ ᐃᓗᓯᓕᕆᓂᕐᒧᑦ ᑲᑎᒪᔩᑦ**

**ᑌᐋᓐ ᓯᓄᐹᓪ**

ᑐᑭᒧᐊᑦᑎᓯᔨᒃ ᓄᓇᓕᓐᓄᓕᖓᔪᓂᑦ ᐱᓇᓱᑦᑕᓂᑦ

ᖃᕆᑕᐅᔭᑎᒍᑦ ᓯᓚᑎᖓ: diane.snowball@ssss.gouv.qc.ca

ᐅᖄᓚᐅᑎᖓ: (819) 964-2222 ᓃᓂᕐᓗᒍ 349

ᓱᑲᑦᑐᑰᕈᑎᖓ: (819) 964-2683

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES**

P.O Box 900, Kuujjuaq (Quebec) J0M1C0

Project Proposal form ᐱᓇᓱᑦᑕᐅᒍᒪᔪᒥᒃ ᓄᐃᑦᓯᒍᑎᑦᓴᓂᒃ ᑕᑕᕐᓴᒐᑦᓴᖅ

|  |  |
| --- | --- |
| Project tilte/**ᐱᓇᓱᑦᑕᐅᑉ ᐊᑎᖓ**Community/**ᓄᓇᓕᖓ:**Project manager/**ᐱᓇᓱᑦᑕᐅᔪᒥᒃ ᖃᒪᔨᒻᒪᕆᒃ:**Email/**ᖃᕆᑕᐅᔭᑎᒍᑦ ᓯᓚᑎᖓ:**Telephone//**ᐅᖄᓚᐅᑎᖓ:**Fax/**ᓱᑲᑦᑐᑰᕈᑎᒃ:** | Other contacts/ᐊᓯᖏᑦ ᖃᐅᔨᒋᐊᕐᕕᐅᒍᓐᓇᑐᑦ:Telephone/**ᐅᖄᓚᐅᑎᒃ:**Email/ **ᖃᕆᑕᐅᔭᒃᑯᑦ ᓯᓚᑎᖓ:** Telephone/**ᐅᖄᓚᐅᑎᖓ:** Fax/ᓱᑲᑦᑐᑰᕈᑎᒃ: |
|  |  |
|  |  |

|  |
| --- |
| **Project /** **WNh8is2** |
| 1. Date Project will start/ᐅᓪᓗᖓ ᐱᓇᓱᑦᑕᐅᑉ ᐱᒋᐊᕐᕕᕕᓂᖓ |  |
| 2. Date Project will end/ ᐅᓪᓗᖓ ᐱᓇᓱᑦᑕᐅᑉ ᐃᓱᓕᕝᕕᖓ |  |
| 3. Other sources involved in funding this project/ᐊᓯᖏᓐᓂ ᑮᓇᐅᔭᕐᑖᕕᐅᒻᒥᔪᑦ ᑖᑦᓱᒧᖓ ᐱᓇᓱᑦᑕᐅᔪᒧᑦ:Name/ᐊᑎᖓ: Name of Organization/ᐊᑎᖓ ᑎᒥᐅᔫᑉ:Address/ᓯᓚᑎᖓ:Email/ᖃᕆᑕᐅᔭᑎᒍᑦ ᓯᓚᑎᖓ:Telephone/ᐅᖄᓚᐅᑎᖓ: Fax/ᓱᑲᑦᑐᑰᕈᑎᖓ: |

|  |
| --- |
| 4. Amount of funding confirmed: \*Please include confirmation with this proposal\* ᓱᕐᖁᐃᑕᐅᒪᔪᑦ ᑮᓇᐅᔭᖃᕐᑎᓯᒍᑎᐅᓚᖓᔪᑦ: \*ᐃᓚᐅᑎᑦᓯᒋᑦ ᓱᕐᖁᐃᒍᑎᖏᓐᓂᑦ ᑖᑦᓱᒧᖓ ᐅᓐᓂᑑᑎᓕᐊᖑᔪᒧᑦ\* |

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| 5. Which topic did this project fall under? ᓱᓇᒨᓕᖓᕙ ᑖᓐᓇ ᐱᓇᓱᑦᑕᐅᔪᖅ? |

Mental Health Child Development Parenting Skills

ᐃᓱᒪᒃᑯᑦ ᖃᓄᐃᖕᖏᓯᐊᕐᓂᒧᓕᖓᔪᓂᑦ ᐱᐊᕋᐅᑉ/ᑲᒃᑲᓛᑉ ᐱᕈᕐᐸᓕᐊᓂᖓ ᕿᑐᕐᖓᓂᑦ ᐱᕈᕐᓭᒋᐅᕐᓴᓂᖅ

ᐱᒋᐅᕐᓴᓂᖅ

Injury Prevention Healthy Babies

ᐊᕐᖁᓇᕐᑎᑦᓯᑌᓕᓂᖅ ᖃᓄᐃᖕᖏᓯᐊᕐᑐᑦ ᐱᐊᕃᑦ/ᓄᑕᕃᑦ

|  |
| --- |
| 6. Describe how it will address the topic(s) you selected:**ᐊᓪᓚᓗᒋᑦ ᖃᓄᖅ ᐃᓕᖓᒻᒪᖔᑦ ᑎᑎᕐᑕᕕᓂᕐᓄᑦ:** |

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|

|  |
| --- |
| 7. This project was a:ᑖᓐᓇ ᐱᓇᓱᑦᑕᐅᔪᖅ ᐱᓇᓱᒍᑎᐅᓐᓂᖁᖅ ᐅᑯᓂᖓ: |

 |
|  |
| Workshop/ᑲᑎᒪᓂᐊᕈᓯᖅ Training/ᐃᓕᓐᓂᐊᑎᑦᓯᓂᖅ/ᐃᓕᓭᓂᖅ |
|

|  |
| --- |
| 8. Please describe what kind?  ᐊᓪᓚᒋᑦ ᖃᓄᐃᑦᑑᒪᖔᑦ? |

 |
|

|  |
| --- |
|   |
|  |
|  |

 |

|  |
| --- |
| 9. How many participants will there be?  **ᖃᑦᓯᐅᓛᕐᖃ ᐃᓚᐅᔪᑦ?** |
|  |
|  |

|  |
| --- |
| 10. Who is the target group? ᑭᓇᒃᑯᓅᓕᖓᕙᑦ? |

Male Female Children

ᐊᖑᑏᑦ ᐊᕐᓀᑦ ᐱᐊᕃᑦ/ᑲᒃᑲᓛᑦ

Elders Parents Teens

ᐃᓄᑐᙯᑦ ᐊᖓᔪᕐᖄᑦ ᕿᑐᕐᖓᓖᑦ ᐃᓅᓱᑦᑐᐃᑦ/ᐅᕕᒐᕐᑐᐃᑦ

|  |
| --- |
| 11. What age did you target?  ᖃᑦᓯᓂᒃ ᐅᑭᐅᓕᓐᓄᓕᖓᓐᓂᖃ? |

0-5 5-10 10-15 15-18

18-20 20-30 30-40 40 ᐊᖓᔪᑦᓰᓗ

|  |
| --- |
| 12. What goals do you want to reach?  ᓱᓇᐅᕙᑦ ᑐᕌᒐᐅᔪᑦ ᑎᑭᐅᑎᒍᒪᔭᑎᑦ? |

|  |
| --- |
|  |
|  |
|  |
|  |

|  |
| --- |
| 13. Please give a summary of the proposed project:  ᐊᓪᓚᒋᑦ ᓀᓪᓕᑎᕐᓯᒪᔪᒥᒃ ᐅᓐᓂᑑᑎᓕᐊᕆᔭᐅᔪᒥᒃ ᐱᓇᓱᑦᑕᐅᔪᑦᓴᒥᒃ: |

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| 14. Please list and date activities that will take place:ᐊᓪᓚᒋᑦ ᓱᓂᐅᓛᕐᑐᓂᑦ ᐅᓪᓗᒋᓛᕐᑕᖏᓐᓂᓗ:  |

|  |
| --- |
|  |
|  |
|  |
|  |

|  |
| --- |
| 15. List the location the above said activities will be located ᐊᓪᓚᒋᑦ ᐃᓂᒋᓛᕐᑕᖏᓐᓂᑦ ᖁᓛᓂ ᐊᓪᓚᓯᒪᔪᑦ ᓱᖃᑦᓯᓂᐅᓛᕐᑐᑦ: |

Arena [ ]  Private Homes [ ]

ᓯᐊᕐᕆᔭᕐᕕᒥ ᐃᓄᓐᓄᑦ ᐊᓂᕐᕋᒋᔭᐅᔪᓂ

Outdoors [ ]  On the land [ ]

ᓯᓚᒥ ᒪᙯᓪᓗᑎᑦ

School [ ]  Youth House [ ]

ᐃᓕᓐᓂᐊᕕᒻᒥ/ᐃᓕᓴᕐᕕᒥ ᐃᓅᓱᑦᑐᐃᑦ/ᐅᕕᒐᕐᑐᐃᑦ ᐃᓪᓗᖓᓂ

Community Center [ ]  Municipal Building [ ]

ᓄᓇᓕᐅᑉ ᑲᑎᑦᑕᕕᖓᓂ ᑲᕙᒫᐱᒃᑯᑦ ᐃᓪᓗᖁᑎᖓᓂ

Church [ ]  Other [ ]

ᑐᒃᓯᐊᕕᒻᒥ ᐊᓯᐊᓂ

|  |
| --- |
| 16. What impact will this project have on your community? ᖃᓄᖅ ᓱᕐᕃᓂᐊᕐᖃ ᑖᓐᓇ ᐱᓇᓱᑦᑕᐅᔪᖅ ᓄᓇᓕᓐᓂᑦ?  |

|  |
| --- |
|  |
|  |
|  |

|  |
| --- |
| 17. Will you purchase any equipment for this project? If yes, where will it be stored after the project?ᐱᐅᒡᒍᑎᓂ ᓂᐅᕕᕐᓂᕿᑦ ᑖᑦᓱᒧᖓ ᐱᓇᓱᑦᑕᐅᔪᒧᓕᖓᔪᒥᒃ? ᐊᖏᕐᐸᑦ, ᓇᓂ ᓴᓂᕐᕙᑕᐅᒪᓂᐊᕐᖃ? |

|  |
| --- |
|  |
|  |
|   |

|  |
| --- |
| 18. Breakdown of Budget and Expenses: Please include all receipts, invoices etc.ᓱᓇᒧᑦ ᐊᑐᕐᑐᕕᓂᐅᓂᖏᑦ ᑮᓇᐅᔭᕐᑑᑎᑦᓴᓕᐊᕕᓃᑦ ᑮᓇᐅᔭᕐᑑᑎᕕᓂᖏᓪᓗ: ᐃᓚᐅᑎᑦᓯᒋᑦ ᓂᐅᕕᕐᓂᐊᕈᑎᕕᓂᓕᒫᓂᒃ ᐊᑭᓕᕋᑦᓴᓕᐊᖑᔪᕕᓂᓕᒫᓂᒃ, ᐊᓯᖏᓪᓗ. |

|  |  |
| --- | --- |
| DATE ᐅᓪᓗᖓ | PROJECT EXPENSES ᐱᓇᓱᑦᑕᐅᑉ ᑮᓇᐅᔭᕐᑑᑎᕕᓂᖏᑦ |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| 19. TOTAL AMOUNT REQUESTED FROM BRIGHTER FUTURES: ᑲᑎᑦᓱᑎᑦ ᐅᓄᕐᓂᖏᑦ ᑐᑦᓯᕋᐅᑎᓕᐊᕕᓃᑦ ᖃᐅᒪᓂᕐᓴᓂᒃ ᓯᕗᓂᑦᓴᓕᐅᕐᓂᒥᒃ ᐱᓇᓱᓐᓂᒥ: |

|  |
| --- |
| 20. Do you have any additional information you would like to add? **ᑐᑭᓯᒪᔭᐅᒋᐊᓕᓐᓂᑦ ᐊᓯᖏᓐᓂᑦ ᐃᓚᒋᐊᕆᒍᒪᕕᑦ?** |

|  |
| --- |
|  |
|  |
|  |

I, as the project manager agree to be responsible for sending all activity reports regarding Brighter Futures funding to Diane Snowball, Coordinator for Brighter Futures. These activity reports will be send within 30 days of the end of the said project.

ᐅᕙᖓ, ᐱᓇᓱᑦᑕᒥᒃ ᐊᐅᓚᑦᓯᔪᖓ ᐊᖏᕐᖁᖓ ᑲᒪᒋᔭᖃᑦᓯᐊᓂᐊᕐᓂᕋᓂᒃ ᐊᐅᓪᓚᑎᑦᓯᓗᖓ ᐱᓇᓱᑦᑕᕕᓂᓕᒫᓂᒃ ᑐᓴᕐᑎᓯᒍᑎᒥᒃ ᖃᐅᒪᓂᕐᓴᓂᒃ ᓯᕗᓂᑦᓴᓕᐅᕐᓂᒥᒃ ᐱᓇᓱᑦᑕᐅᔪᕗᑦ ᑮᓇᐅᔭᖃᕐᑎᓯᔨᖓᓄᑦ ᑌᐋᓐ ᓯᓄᐹᓪᒧᑦ, ᑐᑭᒧᐊᑦᑎᓯᔨᒃ ᖃᐅᒪᓂᕐᓴᓂᒃ ᓯᕗᓂᑦᓴᓕᐅᕐᓂᒥᒃ ᐱᓇᓱᑦᑕᓕᕆᔨᒃ. ᑖᒃᑯᐊ ᓱᖃᑦᓯᒍᑎᐅᔪᓂᑦ ᑐᓴᕐᑎᓯᒍᑏᑦ ᐊᐅᓪᓚᑎᓛᕐᖃᑲ ᐅᓪᓗᐃᑦ 30 ᓈᓚᐅᕐᑎᓇᒋᑦ ᐃᓱᓕᑦᑐᕕᓂᐅᓕᕐᑎᓗᒍ ᐅᖃᕐᑕᐅᒪᔪᑦ ᐱᓇᓱᑦᑕᐅᔪᑦ.

**Project manager name/ᐱᓇᓱᑦᑕᒥᒃ ᐊᐅᓚᑦᓯᔨᐅᑉ ᐊᑎᖓ:**

|  |  |
| --- | --- |
|  |  |

**Signature/ ᐊᑎᓕᐅᕐᕕᖓ:**

|  |  |
| --- | --- |
|  |  |

**Date/ᐅᓪᓗᖓ**

|  |  |
| --- | --- |
|  |  |