

ORGANIZATION CONTACT

THIS SHOULD BE OUR PRIMARY CONTACT PERSON IN RESPECT TO THIS APPLICATION FOR FUNDING

Last Name	First Name	Position Title
Preferred language of communication <u>spoken</u> : <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Inuktitut <input type="checkbox"/> Inuinnaqtun <input type="checkbox"/> Other: _____		
Preferred language of communication <u>written</u> : <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Inuktitut <input type="checkbox"/> Inuinnaqtun <input type="checkbox"/> Other: _____		
ORGANIZATION CONTACT - ADDRESS		
<input type="checkbox"/> Same as Organization Address <input type="checkbox"/> Same as Organization Mailing Address <input type="checkbox"/> Different (include below)		
P.O. Box Number	Community	Territory/Province
Postal Code	Contact Telephone ()	Email Address

ORGANIZATIONAL CAPACITY

How many employees does your organization currently have?
Has your organization undergone any important transformations in the past two (2) years? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*If "Yes", please provide a description of the changes:</i>
Please describe how your organization has the experience and expertise to carry out the proposed project activities. If applicable, please include any past experience with the Government of Nunavut and the results of the project.

All sections are mandatory - Place a dash or line through boxes that do not apply to you.

Return to: Labour Market Program Specialist

Career Development, Department of Family Services
Arnakallak Building 224
PO Box 1000, Station 1260, Iqaluit Nunavut, X0A 0H0
Email: CareerDevelopment-TLMP@gov.nu.ca

All sections are mandatory - Place a dash or line through boxes that do not apply to you.

Project Activities *(Must be broken down into clear steps.)*

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Expected Results of the Project *(Must be clearly linked to the project objectives and be specific, concrete and measurable.)*

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PROJECT DETAILS

Does the project include Results Measurement indicators? Yes* No

*** If "Yes", please describe how you will meet and track the expected results of the project:**
(this should relate to labour market outcomes)

Does this proposed project fit with your organization's other activities? Yes* No

*** If "Yes", please describe how:**

Will any of the project activities be delivered in a different location than where your organization is located? Yes* No

*** If "Yes", please include your main address and an address for every other location where project activities will occur:**

Main Address	Community	Territory/Province	Postal Code
A.			
Secondary Address	Community	Territory/Province	Postal Code
B.			
C.			
D.			
E.			

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Will any other organizations, networks or partners be involved in carrying out the project? Yes* No

** If "Yes", please clearly identify the role(s) and expertise they will bring to the project:*

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BUDGET DETAILS

Future Budget Details:

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Building Nunavut Together
Nunavut iuqatigiingniq
Bâtir le Nunavut ensemble

Canada

Targeted Labour Market Program
-Application for Funding

APPENDIX A

APPENDIX A

Instructions: For each block of text you include below (if any), please specify the section it is meant to continue.

e.g. Part 1, Section 1 C, Question 36 - continued: insert the rest of your answer here.

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