

Appendix B
DAF (Designated Amount Fund) Application Form
(Organization)

Thank you for your interest in applying for the IEF’s Designated Amount Fund. To enable the processing of your application, please complete the information below. Ensure **all** the required information has been provided. The deadline is **Friday, May 24, 2019**

Should you need assistance with any of the questions, please do not hesitate to contact Esther Ipana at 867-777-7060 or email: EIpana@inuvialuit.com. We are happy to assist you through the process.

Any previously funded organizations will not be considered if they have not met all their reporting obligations.

Ensure that your application clearly describes how your program, project or service clearly would deliver meaningful outcomes in one or more of the DAF priority areas.

Funding Eligibility Checklist—you must meet all these criteria to be eligible to apply

- Not-for-Profit registry
- Direct service provider
- Offers programs or services directly addressing one or more of DAF’s priority areas
- Operates in the _____
- Apply before May 24, 2019.

ORGANIZATION INFORMATION

Name of Organization:	
Contact Name:	
Street Address:	Mailing Address:
Community:	Postal Code:
Telephone:	Fax:
Email:	Website: (optional)
Charitable Registration Number (if applicable):	
Registration Date:	
Name and charitable registration number (if applying under another organization):	
Total Organizational Revenue (current financial statements): \$	

CONTACT NAME

This person will be the only person contacted with regards to this application. Please ensure that they will be available.

Name:	Position/Organization:
Email:	Telephone:

PROJECT INFORMATION

Name of Project:
List of Partners (if any):
Brief Project Summary (25 words or less):

Funding request: (maximum \$10,000)

LIST OF REQUIRED DOCUMENTS (Please make sure that they are attached):

- Current Financial Statements Project description Current Board List

Name of Signing Authority: _____
Signature: _____
Date: _____

<p>Required Information</p> <p><input type="checkbox"/> Completed Application Form <input type="checkbox"/> Current financial statements from your last AGM</p> <p><input type="checkbox"/> Current Board of Directors list: name, position, phone number, length of time on the board</p> <p><input type="checkbox"/> If your project is funded, you will be required to provide a written or verbal report about the success of your project which IEF can make report (along with photos of your project and photo release).</p>

Organizational questionnaire:

1. Mandate of the organization applying. Maximum: 50 words. Worth: 5/100

Click or tap here to enter text.

Project Description:

2. How does this project meet one or more of the DAF focus areas? ([see Appendix A:] [Points will be given for strength and breadth of contribution to one or more focus areas. Projects must clearly and specifically meet one or more of the DAF focus areas.])
Maximum: 100 words. Worth: 20/10

Click or tap here to enter text.

3. Explain the project benefits, who will benefit, and how the project overcomes challenges and barriers faced by Inuvialuit. Maximum: 100 words. Worth 15/100

Click or tap here to enter text.

4. Describe how and when the project will be delivered; the steps and time line for delivery, in order; who will deliver the project; management and supervision; necessary resources; and funding required for the project elements. (This answer should tie into the budget.)
Maximum: 100 words. Worth 15/100

Click or tap here to enter text.

5. Describe the number of volunteers, the participation of other organizations, contributions from existing community projects and activities, and contributions to complementary projects and community activities. (This measure looks at leveraging and participation. The more community volunteer involvement and the more community groups contributing to the project, the more impact the DAF funding will have and will avoid duplication.)
Maximum: 50 words. Worth: 10/100

Click or tap here to enter text.

6. How will you evaluate the project's success and the project's contribution to the DAF focus areas? (Explain your evaluation standards.) Maximum: 100 words. Worth: 10/100

Click or tap here to enter text.

7. What are the major challenges or risks that your project faces, and how will you address these? (Explain how your organization will ensure enough volunteers, independently or in partnership with others; access to required materials and funds; and volunteer supervision and mentoring. This measure aims at ensuring your organization has access to the skills, capabilities and resources need for your project.) Maximum: 100 words. Worth: 10/100

Click or tap here to enter text.

8. Has this project been offered before? If so, for how long and by who? How has it improved since it started? If this project is new, are there other projects that are similar? If it has not been offered before and it is a good idea, why was it not offered? Maximum: 50 words. Worth: 5/100

Click or tap here to enter text.

9. How will your community know about your project? How will you reach out to Inuvialuit groups you are trying to support with your project. Maximum: 50 words. Worth: 5/100

Click or tap here to enter text.

10. How will you communicate that IEF DAF helped financially with the project? Maximum: 50 words. Worth: 5/100

Click or tap here to enter text.

BUDGET: (Please include contributions from other partners or any in-kind support valued at the actual cost)

Project Revenues	Project Expenses
TOTAL REVENUES: \$	TOTAL EXPENSES: \$
NET PROFIT/LOSS: \$	

AUTHORIZATION:

Prior to signing, please ensure that you have:

- Completed the application form for this project;
- Attached the organization’s most recent financial statements;
- Attached a list of board members, with mention of any vacant positions;
- Committed to providing IEF DAF with a verbal or written report of the project’s progress or success within 6 months of receiving any funding.

Failure to include any of the above will affect the outcome of the application review.

Name of Official Representative: _____

I certify that to the best of my knowledge, the information provided in this application is accurate and complete and that this funding request is endorsed by the organization I represent.

Signature: _____ Date: _____

Please send the completed application form plus all required documentation to info@inuvialuit.com