**Healing Fund Application Form**

The United Church of Canada

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| **Project Name:**  *Note: If handwriting your application, use black ink, not blue.* | | | | | |
| **Contact Name:** | | | **Position:** | | |
| **Agency/Group/Organization Name:** | | | **Registration #:** | | |
| Is this an Indigenous ministry or Region? Yes  No | Is this an Indigenous group or organization? Yes  No | | | Is this a non-Indigenous organization? Yes  No | |
| **Telephone:** | | | **E-mail:** | | |
| **Requested Amount** ($15,000 max)**:** | | **Start Date\*:** | | | **End Date:** |
| *\*For March applications, start date should be on or after June 1; for September applications, on or after December 1.* | | | | | |
| **Make Cheque Payable to:**  *Note: Cheques are made payable to organizations and community grassroots groups (not to individuals).* | | | | | |
| **Contact Address:** | | | **Mail Cheque to:**  *Provide only If address is different from contact address* | | |

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| Provide a summary of your project and explain how it will help to address the impacts of residential schools. | |
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| What are the project goals? | |
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| What are the project objectives? | |
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| What are the anticipated outcomes for this project? | |
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| Is aftercare required? | Will you evaluate your project? |
| Yes  No | Yes  No |
| Tell us about your community. | |
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| **Budget** | |
| **Please read before creating your budget:**  The maximum amount that can be requested from the Healing Fund is $15,000. If your project expenses are more than this amount, clearly outline in your budget the items you would like the Healing Fund to support (up to $15,000).  The Healing Fund does not fund administrative costs or capital costs such as purchasing property, furniture, and/or office equipment. If these items are included in the budget, they will be subtracted from the requested amount.  The Healing Fund does not fund wages or salaries, but will cover facilitators’ fees ($250 per day) and honoraria ($100 per day).  The Healing Fund does fund transportation, food, materials, rentals, and the like. | **Questions about your budget:**  Will your project receive gifts in-kind or donations? No  Yes  If yes, what is the value of these?  Have you done any fundraising for this project?  No  Yes  If yes, how much have you raised?  Will you receive funding from other sources?  No  Yes  If yes, how much will you receive?  If the Healing Found cannot provide the full amount requested for your project, will you be able to accept the amount given?  No  Yes  During the application review process, will you be available to answer questions?  No  Yes |

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| **Budget Template**  You may include your own budget as an attachment; ensure that the total amount requested from the Healing Fund is indicated. | | | |
| **Item** | **Description** | **Cost per Item** | **Total Cost** |
|  |  |  |  |
| **Total:** |  |  | **$** |
| **Budget Narrative**  Please explain each budget line (for example, travel, materials, Elders, facilitators) to help the Healing Programs Working Group understand the reasons for the expenses indicated. For example, if travel is budgeted at $9,000, the working group will need to understand exactly how and why travel is set at that amount. | | | |

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| **Promotion** |
| How did you find out about the Healing Fund? Word of mouth  United Church website  Newspaper  Pamphlet  Social media  Other  (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Letters of Support** | |
| Name of community member:  Tel:  E-mail:  Check box if the letter is included in this package. | Name of local agency:  Tel:  E-mail:  Check box if the letter is included in this package. |

**Signature**

This application is submitted for consideration by the Healing Programs Work Group on behalf of the organization noted herein, and the person signing below is duly authorized by the organization to commit to this project on its behalf.

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**Print Name of Primary Contact Signature of Primary Contact**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**

**If you have any questions, contact**

Healing Programs Coordinator or Program Assistant, Indigenous Ministries and Justice

Tel: 416-231-5931 ext. 4485 or 4057

Toll-free: 1-800-268-3781 ext. 4485 or 4057

Fax: 416-231-3103

E-mail: healing@united-church.ca

**Send your completed application to:**

The Healing Fund

c/o The United Church of Canada

3250 Bloor Street West, Suite 200

Toronto, ON M8X 2Y4

**Deadlines for submission:**

March 15 and September 15