**APPLICATION FORM FOR FUNDING**

**hEALTH-related ACTIVITIES IN NUNAVIK**

**PUBLIC HEALTH - 2025-2026**

**ELIGIBLE EXPENSES**

To promote health-related activities in Nunavik’s communities, many expenses are reimbursable through public-health funding.

Below is a non-exhaustive list of expenses that **are not eligible**:

* Infrastructure expenses, including maintenance costs for buildings and vehicles;
* Participation prizes, either in cash or material;
* Salary of an employee who organizes or participates in the activity as part of their job functions;
* Junk food;
* Expenses related to international travel.

**PAYMENT CONDITIONS**

**1. PAYMENT**

Payment shall be conditional to the reception of original invoices accompanied by receipts and an activity report after the completion of the activity or following the end of the fiscal year in which the expenses were incurred.

**2. FOLLOW-UP AT THE END OF THE FISCAL YEAR**

If there is no reply from the applicant when the officer follows up the allocated funding, the officer shall consider that the funds granted were not used and may be allocated to another project. If a part of the funding was given before the activity implementation and the activity is cancelled, the money will have to be reimbursed to the NRBHSS.

**3. ORIGINAL INVOICES**

Upon reception of the original invoices and receipts, they will be reviewed by the officer responsible. Expenses can be refused if they do not respect the original approved proposal.

I have read and I agree with the conditions outlined in Part 3.  Yes  No

|  |  |  |
| --- | --- | --- |
| Name: |  |  |

**For additional information, please contact** [php.nrbhss@ssss.gouv.qc.ca](mailto:php.nrbhss@ssss.gouv.qc.ca)

To submit a funding request, complete this form and send it

by fax to 819-964-2711 or by email to [php.nrbhss@ssss.gouv.qc.ca](mailto:php.nrbhss@ssss.gouv.qc.ca).

*Projects may be submitted at any time during the year.  
It will take approximately* ***4 to 6 weeks*** *to process an application.*

*PART 1 – APPLICANT IDENTIFICATION*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of organization** | |  | | | |
| **Address** | |  | | | |
| **Key Contact** | **Name** | |  | | |
| **Job Title** | |  | | |
| **E-mail** | |  | | |
| **Telephone** | |  | | |
| **Project title** |  | | | | |
| **Start date** |  | | | **End date** |  |

*PART 2 – ACTIVITY & NEEDS*

**1. Topic**

|  |  |  |
| --- | --- | --- |
| Healthy-nutrition promotion | Physically active lifestyle | Smoking reduction |
| Food security | Mental health | Prevention of alcohol/drug use |
| Diabetes prevention | Healthy relationships | Stress management |
| Oral hygiene and health | Sexual health | Violence prevention |
| Infectious-disease prevention and control (incl. immunization, STBI) | | Safety |

**2. Tell us about the activity you are planning. How will it improve the well-being of your community?**

|  |
| --- |
| **Objectives** |
|  |
| **Activity description** |
|  |

**3. In which community (ies) are you planning your activity?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Hudson Coast | | Salluit | Ivujivik | Akulivik |
| Puvirnituq | Inukjuak | Umiujaq |
| Kuujjuarapik |  |  |
| Ungava Coast | | Kangiqsujuaq | Quaqtaq | Kangirsuk |
| Aupaluk | Tasiujaq | Kuujjuaq |
| Kangiqsualujjuaq |  |  |
| Other : |  | | | |

**4. Previous history**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| The first time in your community | | Yes | | No |
|  | |  | |  |
| If the answer is No | → When was last time it happened ? | | | Year: |
|  | → Why did it stopped ? | |  | |
|  | → In which community ? | |  | |

**5. Frequency**

|  |  |  |  |
| --- | --- | --- | --- |
| Once | Every week | 1-2x a month | Tournament |
| A season (summer, fall…) | School term | School year | Ongoing |

**6. Target population**

|  |  |  |  |
| --- | --- | --- | --- |
| Children (0-5 y. old) | Youths (6-12 y.old) | Youths (13-17 y.old) |  |
| Adults (18-59 y. old) | Elders (60 y. old +) |  |  |
| Pregnant women | Women | Men | Everyone |

**7. How many persons are expected to participate in this activity?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1-15 | 16-30 | 31-45 | 46-60 | 61 + |

**8. Where will the activity take place?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| N.V. | | School | Community centre | Youth house |
| Arena / Gymnasium | | Daycare | Land / Outdoors | Family house |
| Other: |  | | | |

**9. Partnership / Participation**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| School | Church | | Family House | Hunter Support |
| N.V. | Makivvik | | Health Centre / CLSC | Air Inuit / Canadian North |
| KRG | Youth House | | Youth Association | Men’s association |
| Daycare | Landholding | | | |
| None | Other: |  | | |

**10. Expenses (what you are applying for) – TOTAL COST OF THE PROJECT: $**

Please complete Appendix 1 to detail your expenses – Pages 5-6

**11. Other funding sources**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Awaiting answer | | Confirmed | | Amount of | | $ | |
|  | Awaiting answer | | Confirmed | | Amount of | | $ | |
|  | Awaiting answer | | Confirmed | | Amount of | | $ | |
| * **Funding from health centre?** | | Yes  No | | Amount of | | $ | |
| * **Are you planning or did you do a fundraiser?** | | Yes  No | | Amount of | | $ | |

*PART 3 – SIGNATURES AND AUTHORIZATION*

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant Information** | | | |
| Name : |  | | |
| Title : |  | | |
| Signature : |  | Date : |  |
|  | | | |
| **Supervisor’s Approval** | | | |
| Name : |  | | |
| Title : |  | | |
| Signature : |  | Date : |  |

*APPENDIX 1 – DETAILS OF EXPENSES*

|  |  |
| --- | --- |
| **Human resources (Nunavik)** | **Amount ($)** |
|  | $ |
|  | $ |
|  | $ |
| **Total** | **$** |

|  |  |
| --- | --- |
| **Consultant (South)** | **Amount ($)** |
|  | $ |
|  | $ |
|  | $ |
| **Total** | **$** |

|  |  |
| --- | --- |
| **Food** | **Amount ($)** |
| **Country** | |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
| **Store-bought** | |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
| **Total** | **$** |

|  |  |
| --- | --- |
| **Rental** | **Amount ($)** |
| **Equipment** | |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
| **Space** | |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
| **Total** | **$** |

|  |  |
| --- | --- |
| **Materials** | **Amount ($)** |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
| **Total** | **$** |

|  |  |
| --- | --- |
| **Transportation / Shipping** | **Amount ($)** |
|  | $ |
|  | $ |
|  | $ |
| **Total** | **$** |

|  |  |
| --- | --- |
| **Other expenses** | **Amount ($)** |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
| **Total** | **$** |

|  |  |
| --- | --- |
| **Project total cost:** | $ |