Indian Residential Schools
Adjudication Secretariat
Secrétariat d'adjudication
des pensionnats indiens

Application for Group IAP Funding

The Group application has 4 steps which we ask you to complete:

Step 1	Application Information
Step 2	Tell us about your group
Step 3	Tell us about your plan
Step 4	Describe how the money will be used

Step 1: Application Information

This section asks for information about the incorporated organization that is applying for the funding

1. Legal Name of Organization		Secretariat Use Only
2. Mailing Address		Receipt Date (Y/M/D)
3. City/Town	4. Province	5. Postal Code
6. Area Code / Telephone number	7. Area Code / Fax Number	8. E-Mail Address
9. Name of Contact Person		10. Area Code / Telephone number

11. GST, HST or Rebate Number _____

12. Percentage (%) Reimbursement _____

(What % are you eligible to get back from Canada Revenue Agency)

13. Incorporation Number _____ 14. Date Incorporated _____ 15. ◯ Provincial ◯ Federal

16. Name of Individual(s) with Authorization to Sign on behalf of the Organization.	17. Signature
18. A - How many signature are required for legal agreements? _____ B - How many signature are required for payment claims? _____	19. A - Name of Individuals B - Name of Individuals

20. Has your organization received funding from the Government of Canada for the same activities?

☐ Yes ☐ No

Has your organization received other sources of funding for the same activities?

☐ Yes ☐ No

If yes, please complete Question # 21

21. Name of Program & Department

$ _____

Name of Other Sources of Funding	Cash

23. Declaration - Amounts Owing in Default to the Government of Canada

The information you provide below is collected in accordance with the Treasury Board Policy on Transfer Payments (pursuant to section 7 of the Financial Administration Act).

While the completion of this section is optional, failure to do so may result in denial of funding.

Does the organization, owe any amounts that are in default to the Government of Canada under legislation or contribution agreements? ☐ Yes ☐ No

If yes, please complete the following chart:

Amounts in default owing	Nature of the amount in default owed (taxes, penalties, overpayments)	Name of government departments or agency

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Step 2: Tell us about your Group

1. Please describe the primary work of the organization (or proposed organization if not yet incorporated) include your mandate, previous experience and skills that qualify you or your organization to undertake this project.

2. What is the name of the group coordinator and committee members?

3. What similarities do the group members have? (this could be from the same community, same language, etc)

4. When was the group established? How does the group make decisions?

List of Group Members			
1		16	
2		17	
3		18	
4		19	
5		20	
6		21	
7		22	
8		23	
9		16	
10		16	
11		16	
12		16	
13		16	
14		16	
15		16	

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Step 3: Tell us about your Plan

Please **attach a separate proposal** that provides details about the group's resolution plan. What you plan to do and when, and how you will monitor the plan. Please be sure your proposal includes a description of:

1. What activities the group has been involved in to support one another in the resolution of their claims?

2. How have members of the group been involved in identifying the activities that will take place in their resolution plan?

3. What is the resolution plan's anticipated start and end date?

4. What activities does the group plan to undertake to support each other? How often will they meet together as a group? Provide a detailed explanation of the Group's plans by describing the activities (i.e. workshops, facilitators, spiritual/traditional ceremonies), who will benefit from the activities, when do you anticipate specific activities occur

5. Outline specific steps the group proposes to take throughout the process to work towards a healthy and lasting resolution of their claims

6. Describe any activities planned for the participation and/or training of family members of the participants who wish to support the survivor at home

Step 4: Funding Requested

Please provide as detailed a budget for the activities and expenditures as you can and include a brief description of how the figures in your budget were determined (i.e. 50 photocopies @25 cents each; room rental $50.00 x 5 meetings, etc). The attached budget form should be completed and included when you submit your application. (blank form attached)

The information you provide is collected for the purpose of administering contribution programs. The information collected will be subject to the Access to Information Act. The information will be placed in Program Record Number XXXXXXX.	
Signature	Date
Print Name and Position	Area Code / Telephone No. (for inquiries)
Additional signature when required:	
Signature	Date
Print Name and Position	Area Code / Telephone No. (for inquiries)