

# Community Partnership Projects Funding Application

First Nation and Métis Relations Unit, Indigenous and Northern Relations Branch  
Saskatchewan Ministry of Government Relations  
2nd Floor, 1855 Victoria Avenue  
Regina, SK S4P 3T2  
Phone: 306-798-0183 | Fax 306-787-6014 | Email: fnmr@gov.sk.ca

## Project Information

Name: \_\_\_\_\_

Partners: \_\_\_\_\_

Project Start and End Dates: \_\_\_\_\_

Location: \_\_\_\_\_

## Applicant Information

Legal Name of Applicant: \_\_\_\_\_

Organization: \_\_\_\_\_

Incorporation # (if applicable): \_\_\_\_\_

Name, title and email of primary contact

Name, title and email of secondary contact

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Cellular: \_\_\_\_\_ Website (if applicable): \_\_\_\_\_

Organization type (select best fit):

- First Nations Band Council, Tribal Council
- Métis Nation - Saskatchewan Local or Region
- First Nations or Métis representative organization
- Indigenous non-profit organization
- Non-Indigenous non-profit organization seeking partnership with Indigenous communities or whose programs/services benefit a primarily First Nations or Métis clientele
- Municipality
- Other, please describe

## Budget Information

Please attach full budget breakdown with your application, including contributions from other partners.

Project funding amount requested in this application: \_\_\_\_\_

Total cost of the program/project: \_\_\_\_\_

Has your organization received First Nation and Métis Relations Sponsorship or Community Partnership (previously known as Engagement) funding? If yes, please indicate fiscal year and funding amount in the space below.

- No       Yes

If yes, fiscal year (April 1 to March 31): \_\_\_\_\_

## Program/Project Description

Community Partnership category:

- |   |  |
|---|--|
| <input type="checkbox"/> Building Safe Communities    | <input type="checkbox"/> Supporting Educational Achievements |
| <input type="checkbox"/> Nurturing Family Foundations | <input type="checkbox"/> Stimulating Economic Activity       |

Please give a detailed description of your project, including how it will be accomplished and what outcomes are anticipated. Attach relevant documentation to application if necessary:

How will you evaluate your project?

## Partner Information

Legal Name of Partner Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Website (if applicable): \_\_\_\_\_

Cellular: \_\_\_\_\_

Name, title and email of primary contact

Name, title and email of secondary contact

Legal Name of Partner Organization (if more than one partner):

\_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Website (if applicable): \_\_\_\_\_

Cellular: \_\_\_\_\_

Name, title and email of primary contact

Name, title and email of secondary contact

**Please submit completed application, with attached budget, to [fnmr@gov.sk.ca](mailto:fnmr@gov.sk.ca).**

**For any questions filling out this form, please contact us at 306-798-0183.**