

Funding Application

Missing and Murdered Indigenous Women and Girls+ Community Response Fund

First Nations and Métis Relations Unit, Indigenous and Northern Relations Branch
Saskatchewan Ministry of Government Relations
4th Floor, 1855 Victoria Avenue
Regina, SK S4P 3T2
Phone: 306-798-0183 | Fax 306-787-5832 | 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

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Name, title and email of secondary contact

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| |
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Mailing address: _____

City: _____ Province: _____ Postal code: _____

Phone number: _____ Fax: _____

Cellular: _____ Website (if applicable): _____

Organization type (select best fit):

- Local grassroots Indigenous group
- Indigenous non-profit group*
- Non-profit* organizations and municipalities who are seeking authentic partnerships with Indigenous communities, e.g., local grassroots Indigenous groups
- First Nations Band Councils or Tribal Councils
- Métis Nation-Saskatchewan/ Locals/ Métis Regions
- First Nations or Métis representative groups
- Non-Indigenous non-profit organizations with Indigenous involvement or whose programs/services benefit a primarily First Nations or Métis clientele
- Other, please describe:

*Please note that non-profits must provide an incorporation number to confirm active status with Information Services Corporation (ISC) to be eligible to apply.

Budget Information

Please attach a full budget breakdown to your application.

Project funding amount requested in this application: \$ _____

Program/Project Description

What prevention outcomes are you trying to achieve?

What activities are you proposing to reach your stated outcomes?

How will you know your outcomes have been achieved?

How will you document lessons learned during the project? (Provide details about what you may have done differently if you were to do it again?)

Will you provide photos/video?

How will you achieve an authentic partnership inclusive of diverse and/or multigenerational groups?

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: _____ Cellular: _____ Fax: _____

Website (if applicable): _____

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