

II - INDIGENOUS STRATEGY GRANTS – APPLICATION FORM

APPLICATION CHECKLIST

Prior to submission please ensure your application is complete:

- Have all written sections been completed?
- Has relevant background information (such as letters of support etc.) been attached?
- Is your detailed budget outline attached?
- Has the application been signed?
- Have you prepared one electronic copy (in MS Word) and one printed copy for submission?

BACKGROUND INFORMATION

If yes, please indicate the name of your project and the year you received funds:

Have you completed all of your reporting requirements for previous project(s)? Yes No

Have you applied for or receive funding for SSHRC, NSERC, or CIHR grants? Projects securing Tri-Council funding are not eligible

Yes No

If yes, when do you expect to hear back? _____

Have you applied for Quality Money funding? Yes No

If yes, when do you expect to hear back? _____

Is this project currently being funded (cash or in-kind) by any other source? If yes, please identify source and the funding amount / scope. _____

CONTACT INFORMATION: *please provide details for your main contact for this project*

Full Name: _____

Phone Number: _____

Email: _____

Are you currently a UCalgary: Undergraduate Student Graduate Student Staff
Academic Staff Post-doctoral Scholar Other

CONTACT INFORMATION: *provide information for an alternative contact person that would be available to answer questions in your absence.*

Full Name: _____

Phone Number: _____

Email: _____

Title/Position: _____

OTHER TEAM MEMBER'S CONTACT INFORMATION (IF APPLICABLE):

Full Name: _____

Email: _____

PROJECT INFORMATION

Project Name: _____

Project Start Date: _____

Project End Date: _____

Total Funding Request (in CAD \$), maximum of \$10,000: _____

Based on the priorities outlined in [ij' taa'poh'to'p, University of Calgary's Indigenous Strategy](#), please indicate one or more categories that best apply to your program proposal:

- Transforming Ways of Knowing
 - Research and Scholarship
 - Teaching & Learning

Transforming Ways of Doing

Transforming Ways of Connecting

Transforming Ways of Being

Note: Proposed projects must demonstrate high impact for the campus community and be clearly aligned with the principles and recommendations articulated in the Indigenous Strategy, with a particular focus on

intercultural capacity building, reciprocity (benefit to community), and Indigenous inclusion/voices in the planning and implementation of the project.

PROJECT SUMMARY/ABSTRACT

(Maximum one page)

PROJECT OVERVIEW AND ALIGNMENT

Please use above selected categories as sub-title indicators to describe how your project aligns with intercultural capacity building (Maximum 500 words)

9. If your proposal is for a long-term program or project, please indicate how you will ensure its continuation once this funding has been exhausted. (Maximum 150 words)

10. Please provide a brief outline for project evaluation and/or measuring success of your project or activity? (Maximum 150 words)

RECIPROCITY

11. Have you created space in this project for Indigenous voices in leadership, planning, and/or the implementation of this project? (Maximum 150 words)

12. How does this project either strengthen or build upon relationships with Indigenous peoples, communities, or students? (Maximum 150 words)

BUDGET

Complete the following budget outline. Include all relevant details such as advertising costs, salary, honoraria, cost of supplies, etc. If you plan to use space, you must include the full cost of any room rentals in your budget. Do not forget to attach supporting details, including quotes and pricing from vendors.

Line	Item	Description/Justification	Qty.	Unit Cost/Rate	Total
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
Grand Total					\$ 0.00

SUPPORTING DOCUMENTS

List any additional documents that you are attaching to your application to support your request.

SIGNATURES

By signing below, applicants indicate that they agree to the expectations of funding recipients and acknowledge that the information provided in this application is true and accurate.

Signature of Applicant

Date

If your project requires approval from a Faculty/Unit (Deans and/or Associate Deans), Senior leadership (appropriate VPs) and/or Senior Directors in affiliated unit. For student submissions, signatures from elected leadership of SU and/or GSA, Dean or Associate Dean, or Faculty member if the project is faculty-based. Obtain a letter of support and a signature below. Please also provide them with a copy of this completed application form for their reference.

Name

Date

Signature of Support