**INDIGENOUS HEALING & RECONCILIATION FUND**

**ROMAN CATHOLIC ARCHDIOCESE OF VANCOUVER**

**INSTRUCTIONS:**

The Archdiocese seeks to support as many communities and applicants as possible on this journey of healing and reconciliation. We have revamped our application form to make things more focused.

As part of the Church’s efforts, and to support applicants to succeed, we are available to discuss your proposed idea before you begin writing. Please email Kevin Barlow at [kbarlow@rcav.org](mailto:kbarlow@rcav.org).

A reminder that typically, **our grants are under $50,000, and one year at a time**, but there may be exceptions.

**PART A - WHO IS APPLYING?**

**CONTACT INFORMATION:**

1. Applicant:

|  |  |
| --- | --- |
| Agency/Community: | Contact Person/Role: |
| Address: | Phone:  Email: |

1. Where will your project take place, if not at the address above?
2. Is your group/organization Indigenous led (meaning decisions and direction is provided by a majority of Indigenous people)?

**YES NO**

If you are not an Indigenous led organization, please describe your direct connections with an Indigenous community/agency and provide letter(s) of support/partnership.

1. Do you have a **charitable number? YES NO** If yes, **CRA #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If no,** please provide the name and charitable number of a **qualified donee** who will be your fiscal host agency and receive funds on your behalf, including a letter of agreement from them:

**Name of Fiscal Host:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **CRA #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Information of Fiscal Host/Qualified Donee:**

|  |  |
| --- | --- |
| Fiscal Host Agency: | Contact Person/Role: |
| Address: | Phone:  Email: |

***Note:*** *A qualified donee is an organization that can issue official donation receipts for gifts/donations it receives for tax purposes. If you are partnering with an agency who will receive the funds on your behalf, please provide a letter of agreement from that agency.* ***First Nations are viewed by the CRA as being a government body and thus a qualified donee without needing a CRA #.***

**PART B - ABOUT YOUR PROJECT:**

1. **Project Title**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Please check **which category** best fits your project (you may choose more than 1)**:**

**HEALING AND RECONCILIATION FOR:**

\_\_\_\_ **COMMUNITIES AND FAMILIES:**

**Some examples**: Healing/talking circles; grief and loss workshops; gender-specific healing activities; healing from sexual abuse; healing from domestic/intimate partner violence; memorial-related activities for missing and murdered Indigenous women/girls or men/boys; events such as for Orange Shirt Day etc.

\_\_\_\_ **HEALING EVENT(S):**

**Some examples**: Reconciliation walks; healing gathering, healing/wellness day; Orange Shirt Day or National Indigenous People’s Day activities; bridge building activities between Indigenous and non-Indigenous communities, including faith communities, etc.

\_\_\_\_ **CULTURE REVITALIZATION:**

**Some examples**: Elder/Youth targeted activities; hiring someone to teach regalia making and associated teachings; arts therapy, hiring someone to teach medicine pickings and their usages; Culture Camps, on-the-land healing, etc.)

\_\_\_\_ **LANGUAGE REVITALIZATION:**

**Some examples**: Documenting/recording Indigenous language speakers; language classes/labs, etc. (We may also consider topping up funding shortfalls if funded by governments for language programs).

\_\_\_\_ **EDUCATION AND COMMUNITY-BUILDING:**

**Some examples**: Youth-targeted capacity-building programming, such as leadership skills; On-the-land healing; awareness related activities to increase understanding of the impacts of Residential Schools, and more importantly, how to heal those impacts; culture camps to strengthen community responses and connection to the lands and waters; reconciliation events between Indigenous and non-Indigenous or religious communities; etc.

\_\_\_\_ **OTHER: Please specify in 1-2 sentences or less:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Note: The preceding examples are not meant to tell you what to apply for, they are meant to better help us understand what type of project you are seeking support for. Some examples also can fit under multiple categories.***

1. Have you applied to other funding sources? If so, have you been partially funded? If yes, please share with who and the financial amount of support.
2. Please provide the start and end dates for your project:

|  |  |
| --- | --- |
| Start date: | End date: |

1. Is this a:

|  |  |  |  |
| --- | --- | --- | --- |
| \_\_\_\_ one time activity | \_\_\_\_ recurring annual activity | \_\_\_\_ expansion of previous activity | \_\_\_\_ ongoing activity |

1. **Project Description**: (1000 words or less. Here we are interested in how you hope to do your healing and reconciliation work; what benefits you hope to achieve; what types of resource people you might need; who your target audience is, etc.)
2. **Demonstration of Need:** (500 words or less. We are interested to see what needs you want to address through this grant. For example, if you say you are losing your language, tell us how many fluent speakers are in your community; how the language is at risk of being lost, etc.)

When filling this out please think about how the budget relates to the work you will be doing, for example: what is the duration for the initiative, how are you going to use the funds, what do you need to purchase, and are you paying people (example: salaries or honorariums); do you need to rent space or take people by boat or car to the venue hosting the activities, etc. **Note: Travel cannot be used for attending conferences, must be program-based.**

**PART C -** **BUDGET TEMPLATE:**

|  |  |  |
| --- | --- | --- |
| **Category** | **Description of Expense** | **Amount** |
| *Example: Honorarium* | *Facilitator fees for 2 people* | *$1000.00* |
| Salaries & Benefits: |  |  |
| Contractors (daily rate) |  |  |
| Honoraria |  |  |
| Rental costs |  |  |
| Phone/Internet |  |  |
| Office materials/supplies |  |  |
| Program materials/supplies |  |  |
| Printing/Promotion costs |  |  |
| Travel (invited speakers/facilitators) |  |  |
| Food/Catering |  |  |
| Gifting Participants/Dignitaries |  |  |
| Other: |  |  |
| Other: |  |  |
| Other: |  |  |
| **SUB-TOTAL (before admin fees)** |  |  |
| 10% admin (covers share of phones, office space, utilities, bookkeeping, etc.) |  |  |
| **GRAND-TOTAL (after admin fees)** |  |  |

**If you have other or partial funding from other sources, please state the amount and describe your shortfall**: *e.g. we got $75,000 from Canadian Heritage to develop a language app, but need an additional $30,000 to finish it*

$\_\_\_\_\_\_\_\_ Total amount from other sources.

* Please provide your most recent **audited financial statements** (or your fiscal host agency).

**TOTAL AMOUNT OF FUNDING REQUESTED FROM RCAV: $**\_\_\_\_\_\_\_\_

Please submit completed applications by **email to**: [irfunds@rcav.org](mailto:irfunds@rcav.org) or by **mail to**:

**Indigenous Reconciliation Fund Applications**

**Archdiocese of Vancouver, 4885 Saint John Paul II Way, Vancouver, BC V5Z 0G3**

|  |  |
| --- | --- |
| **FOR RCAV OFFICE USE ONLY** | |
| **Signature**  **Archbishop J. Michael Miller, CSB,**  Chair of Archdiocesan Committee | **PROJECT #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **DATE RECEIVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_\_** |