

Michif Language Funding Application Form

Part A - Applicant Information:

Legal name of organization/group:		
<div>Type of organization/group:</div> <div><div>MMF Region</div><div>MMF Local</div><div>Not-for-profit organization</div><div>For-profit organization (please not this project cannot generate income for your organization)</div><div>Ad-hoc group formed for specific project</div><div>Educational institution</div></div>		
<div>Corporation or Business Number:</div>	<div>If incorporated, please indicate the jurisdiction</div> <div><div>Federal</div><div>Provincial (indiciate province below)</div></div>	
<div>Primary Address:</div> <div>Address (number, street, or P.O. box):</div> <div><div>City:</div><div>Postal Code:</div><div>Province:</div></div>		
<div>Mailing Address (if different from primary address).</div> <div>Address (number, street, or P.O. box):</div> <div><div>City:</div><div>Postal Code:</div><div>Province:</div></div>		

Part B - Contact Information:

<u>Prefix:</u>		<u>Full Name:</u>	
<u>Title/Position:</u>			
<u>Email Address:</u>			
<u>Telephone Number:</u>		<u>Preferred language of communication:</u>	
		English	
		Français	
<u>Alternative Contact Person:</u>			
<u>Prefix:</u>		<u>Full Name:</u>	
<u>Title/Position:</u>			
<u>Email Address:</u>			
<u>Telephone Number:</u>		<u>Preferred language of communication:</u>	
		English	
		Français	

Part C - Organization/Group’s Background

History & Mandate - provide a brief description of the Organization/Group’s history and mandate.

Experience and Capacity - Provide a brief description of your Organization/Group’s experience and capacity, including details on similar activities delivered in recent years.

Collaboration and Partnership(s) - If applicable, list the partner(s) that will work with your Organization/Group and support this project, and describe their contribution(s).

Part D - Funding History

Have you ever previously received Michif Language Funding from Canadian Heritage and/or the MMF?

No

Yes - if yes, please indicate the fiscal year(s) you received funding and attach the final report(s) submitted to the funder(s).

Part E - Project Summary.

<u>Project Title:</u>		
<u>Start date:</u>	<u>End date:</u>	
<u>Total Funding Requested:</u>		
2025-2026	2026-2027	Total Amount

Check the box(es) pertaining to the type(s) of initiative you are seeking funding for:

Development of a language plan

Participatory activities and resources

Part E - Project Summary - Continued

Brief description of project:
Describe how your application will align with the objectives of the MMF Michif Language Funding Program, which is to reclaim, revitalize, maintain and strengthen the Michif language amongst Red River Métis. This includes teaching new Michif language speakers, increasing immersion opportunities, increasing use of Michif language, and documenting Michif language.

Project Partners: Please list any 3rd party partners in the project. If they are providing any monetary or in-kind support, please indicate the value beside their name.

Partner Name:	Monetary Contribution Value:	In-Kind Contribution Value:

Targeted demographic(s) - Enter a list of targeted clientele (children, adults, Elders, communities and Organizations) that will be supported through this plan.

Part F – Project Deliverables

Note that all successful applicants will be required to fill out a more in-depth budget

Project activities and expected results – From start date to March 31, 2026 Describe all project activities for which funding is being requested and list the expected results.

<u>Type of Activity</u>	<u>Activity Title</u>	<u>Description of Activity</u>	<u>Expected Deliverable</u>
Please indicate if this is for a Michif: <ul style="list-style-type: none">• language plan,• participatoiry activity• activity resource	<u>Examples:</u> <ul style="list-style-type: none">• Language Plan: a strategy that will guide the delivery of Michif Language revitalization services• Participatory Activity: Camps or Classes• Resource: Books, Website, Videos, Apps	<u>Must include:</u> <ul style="list-style-type: none">• Language level (beginner, intermediate, advanced)• What will take place during the activity• Who will be participating in the activity Who will carry the activity out	What is the expected result of the activity

Part F – Project Deliverables - Continued

Please complete a detailed budget below with a breakdown of costs related to each expense item (e.g. Program supplies – includes binders, paper, pens, etc.).

<u>Expense</u>	<u>Details/Breakdown</u> <u>(\$/month x # of</u> <u>months).</u>	<u>Total</u>

Total Proposed Budget

Declaration

Declaration and Attestation

I declare that:

The information in the application is true, accurate and complete;

- I have all the necessary authorities to undertake the proposed project, or will obtain these authorities prior to the approval of the project;
- I and any person lobbying on my behalf to obtain funding are in compliance with the Lobbying Act and that no actual or potential, direct or indirect, contingency fee arrangement exists;
- I will act in compliance with applicable statutes, laws, bylaws, regulations, orders, codes, standards, directives and guidelines governing the activities for which funding is being sought; and
- I commit to take measures conducive to creating a workplace free from harassment, abuse and discrimination.

I acknowledge that the submission of this Application does not constitute a commitment on the part of the MMF to award funding.

I authorize the MMF to disclose any information submitted in this Application or project to the Government of Canada or to outside entities, subject to applicable restrictions associated with privacy, confidentiality and security for the following purposes:

To reach a decision on this application or any other application by the applicant under any other government program;

- To administer and monitor the grants and contributions;
- To evaluate program results;
- To transfer data for statistical purposes;
- To support transparency, accountability and Citizen engagement; and
- To respond to requests made under the Access to Information Act and the Privacy Act.

If funds are approved, I agree that:

- Funding received, whether received as a grant or a contribution, may be audited by the MMF.
- If found to have submitted false or unsupported information, the Applicant may be required to repay the full amount of the financial support received and may be declared ineligible for funding from the MMF for the next two fiscal years or more.
- This Agreement does not create a partnership, agency or joint venture and I shall not represent myself as an agent, partner or employee of the MMF in carrying it out.
- Where the Applicant fails to remain eligible or where there is a default under this Agreement, the MMF may reduce the funding level, suspend any payment, rescind this Agreement and immediately terminate any financial obligation arising out of it and recover any unexpended amount or any amount that the Applicant was not eligible or entitled to receive.
- I will share results, as requested.

In addition, I shall:

- Use the funds only for the purposes specified in the Funding Agreement;
- Indemnify the MMF from any claim or cause of action arising from injury, damage, or death sustained in carrying out this Funding Agreement; and
- Publicly acknowledge, the funding received from the MMF in all communication materials related to the Funding Agreement, such as program materials, public announcements, speeches, websites, and social media.

Do you declare that you agree to the above?

Yes

Signature (required):

Full Name:

Title/Position:

Date: