

Michif Language Funding Application

Part A – Applicant Information

1. Enter the legal name of your organization/group:

Enter **legal name** of your organization/group

2. Select the type of organization/group:

- MMF Region
- MMF Local
- Not-for-profit organization
- For-profit organization (please note that this project cannot generate income for your organization)
- Ad-hoc group formed to do a specific project
- Education institution

3. Corporation or Business number

Enter **business number**

4. If incorporated, please indicate the jurisdiction

- Federal
- Provincial (please indicate the province)

Enter **Province**

Primary Address

5. Address (Number, Street, or P.O. Box)

Please enter your address

6. City, Province, and Postal Code

Please enter **City, Province, Postal Code**

7. Email Address

Please enter email address

8. Telephone

Please enter telephone number

9. Official Website (if applicable)

Please enter website URL

Mailing Address (if different from primary address)

10. Address (number, street, or P.O. Box)

Please enter your address

11. City, Province, and Postal Code

Please enter **City, Province, Postal Code**

Part B – Contact Person

<p>12. Prefix (Mr.; Ms.; Mrs.; Mx; Dr.; or other) Please enter Prefix</p>	<p>13. Full Name Please enter the full name of the contact person</p>
<p>14. Title/Position Please enter the title/position of the contact person</p>	
<p>15. Email Address Please enter the email address of the contact person</p>	
<p>16. Telephone (include extension if applicable) Please enter telephone number of contact person</p>	<p>17. Preferred language of communication <input type="checkbox"/> English <input type="checkbox"/> Français</p>

Alternative Contact Person

<p>18. Prefix (Mr.; Ms.; Mrs.; Mx; Dr.; or other) Please enter Prefix</p>	<p>19. Full Name Please enter the full name of the alternative contact person</p>
<p>20. Title/Position Please enter the title/position of the alternative contact person</p>	
<p>21. Email Address Please enter the email address of the alternative contact person</p>	
<p>22. Telephone (include extension if applicable) Please enter telephone number of alternative contact person</p>	<p>23. Preferred language of communication <input type="checkbox"/> English <input type="checkbox"/> Français</p>

Part C - Organization/Group's Background Information

History and 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).

Michif Language Proposal

Part D – Funding History

Have you 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).

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

1. Development of a language plan
2. Participatory activities and resources

Part E – Project Summary

Project Title: [Enter project title](#)

Start Date: [Enter project start date \(YYYY-MM-DD\)](#)

End Date: [Enter project end date \(YYYY-MM-DD\)](#)

Total Funding Requested:

2024-25	2025-26	Total Amount
\$	\$	\$
\$	\$	\$

Brief Description of your Project:

[Enter a brief description of your project](#)

Part F – Project Details

Project Objective

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 G – Project Deliverables

Project Deliverables Table – 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, 2025

Describe all project activities for which funding is being requested and list the expected results.

*please add rows accordingly.

Type of Participatory Activity	Activity Title	Description of Activity	Expected Deliverable
<p><i>Indicate if this is for a Michif:</i></p> <ol style="list-style-type: none"> 1. Language Plan 2. Participatory Activity 3. Resource 	<p><i>Examples:</i></p> <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) 	<p><i>Must include:</i></p> <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 	<p><i>What is the expected result of the activity</i></p>

Part H – Budget Template

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.).

Expense *	Details/Breakdown (\$/month x # of months)	Total
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.

I Accept

Signature (required)

Enter full name

Enter title/position

Enter date (DD/MM/YYYY)

Appendix A: Application Checklist

General Application Checklist

- Application Checklist (this page)
- Applicant information, overview and mandate
- Proposal
- Declaration
- Letters of support from MMF Regions (only if applicant is an MMF Local), please attach letter(s) of support from the relevant MMF Region.

If you are an organization, you must also provide the following supporting documentation:

- Documentation specifying who has the authority to sign legally binding documents on behalf of your organization.

Acceptable documentation includes:

- *A signed letter from the President/Chair of the Board (or equivalent)*
- *A Board resolution*

- If the requested amount is \$100,000 or more, a copy of your organization's audited financial statements or a notice to reader for the last two years are required.

If you are an ad hoc group, you must also provide supporting documentation:

- Documentation specifying the membership of your group, and who has authority to represent you.

Acceptable documentation includes:

- *A letter outlining the group's purpose and membership, signed by all members of the group*

If you are an MMF Local, you must also provide supporting documentation:

- A signed letter of support from your MMF Region.
- A signed letter from your Chair.

When completed, please return the application and all requested documentation to michifapplications@mmf.mb.ca as for any questions you may have.