BIOFOOD FUND

KATIVIK REGIONAL GOVERNMENT IN PARTNERSHIP WITH THE QUEBEC MINISTRY OF AGRICULTURE FISHERIES AND FOOD

Application Form

Please complete this form in full and submit it to pmani@krg.ca

There is no deadline for submission this application has a rolling intake.

DATE OF APPLICATION

☐☐ / ☐☐ / ☐☐

Year Month Day

APPLICANT INFORMATION

Full Name :

Position:

Email address :

ORGANIZATION INFORMATION

Organization:

Community:

Organization Type:

PROJECT INFORMATION

Project Title:

Project Objectives:

Project Description:

PROJECT INFORMATION CONTINUED

Target Population:

Project Duration:

Proposed Timeline of Project Implementation:

Potential Social and Environmental Impacts of Project: Ex. employability, breaking social isolation, reducing ecological footprint

Potential Risks in Project Implementation:

PREVIOUS PROJECT IMPACT

If your organization has been conducting similar work prior to this application. Please complete the following section to outline the impact in the year prior to application.

Number of Participants:

Number of Volunteers:

Number of Employees:

Number of Activities:

Community or Participant Feedback or Lessons Learned:

PROJECT INFORMATION CONTINUED

Project Implementation Plan

Please list all activities you intend to host with the BioFood fund.
Activity examples include:

- **Gardening lessons for youth**
- **Elder Nikkuk workshops**
- **The sale of processed or prepared items via online social media platforms**

Activity	Frequency	Target Population	Expected Number of Participants

FINANCIAL PORTRAIT

If more suitable, your project may alternatively submit an excel table that outlines the below information

Project Expenses

Please list all expenses related to the implementation of the project in question.

Item	Description	Cost	Amount Requested to BioFood Fund

Project Total Cost:

Total Amount Request to Biofood Fund:

FINANCIAL PORTRAIT CONTINUED

If more suitable, your project may alternatively submit an excel table that outlines the below information

Self Generated Project Revenues

If applicable please list all potential self-generated revenues related to the implementation of the project in question. Do not include any funding grants or donations

Revenue Stream	Description	Projected Amount
Ex. Sale of meals	Ex. 10,000 meals annually at $5 per meal	Ex. $50,000

Projected Total Revenue:

FINANCIAL PORTRAIT CONTINUED

If more suitable, your project may alternatively submit an excel table that outlines the below information

Organization Annual Funding Contributions

If applicable please list all financial contributors including any funding contributed by your organization.
In the funder type column please indicate whether the funding is from a regional, provincial or federal government or if it is from another type of contributor such a corporation or charity.
In the status column please indicate whether the funding is pending approval, has been approved or has been received.

Organization Name	Funder Type	Funding Title	Amount	Status

Total Annual Contribution Amount:

Total Annual Organizational Expenses:

LONGTERM FINANCING PLAN

Please describe how you intend to continue to fund this project following the completion of potential Biofood Funds:

ADDITIONAL DOCUMENTS

- If your organization is lead by a Board of Directors please provide the names and positions of all current board members
- Please enclose a copy of organizational audit statements from the last two fiscal years
- If applicable please include a resolution approving this application from your organization's Board of Directors

APPLICATION AUTHORIZATION:

Please confirm the total amount being requested to the Biofood Fund:

Applicant Name

Date

Applicant Signature

Supervisor Name

Date

Supervisor Signature

THANK YOU FOR YOUR APPLICATION

Applications will be submitted to a provincial committee for review. Application processing time is approximately 3 months from date of submission.