

Indigenous Cultural Heritage Program Application

Deadline: April 1

Name of Applicant/Organization:	Application Date:
Mailing Address:	Contact Information:
	Contact Person:
	Title:
	Phone number:
	Fax number:
	Email:
Location of Activity (Community)	
Are you incorporated as a non-profit organization	ion? Yes No
If yes, what is your Incorporation Number?	
Are you listed with the Canada Revenue Agence	cy as a Registered Charity? Yes No
If yes, what is your Registration Number?	
Please indicate the program compon	ent that applies primarily to your project
☐ Documentation and Inventorying	
☐ Passing on Traditions	
☐ Recognition and Celebration	
□ Recognition and Celebration	
☐ Development of Cultural Enterprise	
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Please attach the following:

- 1. Brief description and objectives of project, including a workplan and timeline. Clearly state who the project is aimed at and how it will contribute to the safeguarding of your cultural heritage. Indicate how the project will be evaluated
- 2. Any letters of support from community organizations or other partners
- 3. Any relevant studies (feasibility, surveys, needs assessment) that relate to the project
- 4. Detailed budget that includes any other funding sources, along with any in-kind contributions
- 5. Brief background of your organization

Project Title	
Total estimated cost of your proposal \$	ICHP Funding Requested \$

Applicant's Declaration

To the Department of Tourism, Culture, Arts and Recreation (TCAR)

- a) I confirm that the information given in this application is, to the best of my knowledge and ability, complete, true and correct.
- b) I will provide all information required by TCAR to complete the assessment of this project and I authorize TCAR to make any inquiries of such persons, firms, corporations or other government agencies as it deems necessary in order to reach a decision on this application.
- c) I will instruct the existing lenders, as indicated above, to provide TCAR with full information concerning my (the applicant's) operating and financial position. I further authorize TCAR to discuss fully my (the applicant's) affairs with the funding partners and credit agencies and other potential contributors regarding this application.

Name of Signing Officer	Signature	Date

Please submit application to: Kristina Turner, Heritage Officer, CEDP Department of Tourism, Culture, Arts and Recreation P. O. Box 8700

Tel: (709) 729-1409 Fax: (709) 729-0057 Email: ICHP@gov.nl.ca

Privacy and Confidentiality Notice

St. John's, NL A1B 4J6

We will only use the personal information collected or provided as part of this application process for purposes directly related to the operation of the relevant programs and for statistical reports. Information you provide us in confidence, both personal and business-related, will be kept confidential unless:

you approve its release, or

we are required or authorized by laws such as the Access to Information and Protection of Privacy (ATIPP) Act to release it.

If you have questions regarding privacy and confidentiality, contact the Access and Privacy Coordinator, Department of Tourism, Culture, Arts and Recreation, phone (709) 729-7000 or email TCAR-ATIPP@gov.nl.ca

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