

# Manitoba Indigenous Reconciliation Secretariat

Orange Shirt Day - Grant Proposal / Project Funding



## SECTION A – APPLICANT INFORMATION

First and Last Name: \_\_\_\_\_

### Organization Type:

Charitable Organization

Individual

Northern Affairs Community

Non-Profit Organization

School/School Division

Other - Municipality

For-Profit Organization

First Nation Community

*\*If you checked "Individual" you will need to have an endorsing organization that supports your project and will be responsible for the financial accountability of the project.*

### Organization Mailing Address

Street or P.O. Box:

City or Town:

Postal Code:

### Project Contact Information

First and Last Name:

Position:

Phone Number:

Email:

Endorsing Organization  
(If required):

Organization Name:

### Organization Type:

Charitable Organization

Individual

Northern Affairs Community

Non-Profit Organization

School/School Division

Other - Municipality

For-Profit Organization

First Nation Community

<b>Charitable Organization / Incorporation Number:</b>	
<b>Contact First and Last Name:</b>	
<b>Position:</b>	
<b>Phone Number:</b>	
<b>Email:</b>	

### SECTION B – PROJECT INFORMATION

<b>Project Name:</b>	
<b>Project Location(s):</b>	
<b>Amount Requesting:</b>	

<b>Project Description</b>	
<b>1. Date(s) of your proposed project or event:</b>	
<b>2. Target project audience and expected number of participants:</b>	
<b>3. Brief description of the project:</b> <i>(approximately 200 words)</i>	

**4. How does your project support / align with the intent of Orange Shirt Day?**

Promote education and awareness of Residential Schools/Day Schools?

Honour or commemorate Survivors and/or children who did not return home?

Improve the relationships between Indigenous and non-Indigenous people?

Other?

**5. How will you evaluate your project's success?**

*(Online/offline event surveys, tracking participants, registration data, pictures, post-event debriefing, etc.)*

**6. Do you have project partners (ex. other funding partners, in-kind supports, etc.)?**

*If no other project partners, please indicate "Not Applicable."*

**7. For non-Indigenous organizations, how will you involve Indigenous nations, organizations, or people in planning for your project/event?**

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Identify the projected in-kind and volunteer support (number of hours and/or total dollar value of goods/ services) from your organization and other partner organizations.

In-kind and Volunteer Support		Estimated Value of Goods/Services <i>(identify hours and/or dollar value)</i>	
Organization Name	Support Type <i>(ex. donated goods/services)</i>	Number of Hours	Total Dollar Value

**8. Attach your own budget or complete this budget template. (refer to grant guide).**

Budget Total:

Date(s):

Item	Amount (\$)
<b>Project Revenues</b>	
Indigenous Reconciliation	
Applicant's Own Funds	
Other Revenue Sources <i>(ex. other sources of funding, donations, etc.)</i>	
<b>Total Revenues:</b>	
<b>Description of Project Expenses</b>	
<b>Total Expenses:</b>	
<b>Net Revenue (Expenses):</b>	

I hereby certify that:

**1. I read, understand, and comply with the Orange Shirt Day Fund Terms and Conditions:**

- I. If approved proposals equal to or less than \$5,000 will receive a grant funding letter issued by Manitoba.
- II. If approved proposals greater than \$5,000 will require a project grant funding agreement signed by the applicant and Manitoba.
- III. If approved, the project grant funding letters and agreements will outline the terms, the acceptable use of funds, project end date, payment process, treatment of project surplus or deficit and reporting requirements.

**2. I am an authorized signing officer of the applying organization.**

**3. The information provided in this application is accurate to the best of my knowledge and is endorsed by the organization that I represent.**

I consent to Manitoba sharing this information with program reviewers, technical advisors and other agencies with interests in my project, to be used solely to assess my application for funding.

I agree to provide further information as requested by the Manitoba Indigenous Reconciliation Secretariat, as part of the project review process.

**DECLARED by the applicant with the following signature:**

First and Last Name: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

If you need assistance or have any questions about the application process, please contact [MIRS-ADM@gov.mb.ca](mailto:MIRS-ADM@gov.mb.ca)

**Please submit completed application form AND project budget to:**

**Manitoba Indigenous Reconciliation Secretariat**

Attn: Orange Shirt Day Fund  
300-352 Donald Street  
Winnipeg, MB R3B 2H8