Disability Program
APPLICATION FORM

The Disability Assistance Program encourages employers to hire individuals with disabilities by providing funding for wage subsidies, assistance for training or special equipment. Eligible participants must be from the Qikiqtani region, and a NLCA Beneficiary.

PROPOSAL IDENTIFICATION

Proposal Title:

Fiscal Year:

Date of Application *(dd/mm/yy)*:

REPORTING ORGANIZATION INFORMATION

Inuit Community:

Organization Name:

Non-Profit or For Profit?

CONTACT INFORMATION

Name:

Position:

Telephone:

Fax:

PO Box:

Town/City:

Postal Code:

PROPOSAL SUMMARY INFORMATION

Proposal Start Date *(dd/mm/yy)*: _____

Proposal End Date *(dd/mm/yy)*: _____

Proposal Description:

Current State/Statement of Need
(describe the background and context for the project, what issues are to be addressed and the drivers leading to the request):*

Kakivak Association | Parnaivik Building 924 P.O. Box 1419 Iqaluit, NU X0A 0H0
ᑲᑭᕝᕕᒃ ᑲᑐᔾᔨᖃᑎᒌᖕᒋᑦ | ᐸᕐᓇᐃᕕᒃ ᐃᒡᓗᑉ ᓈᓴᐅᑖ 924 ᑎᑎᖅᑲᓂᐊᕐᕕᖓᑕ ᓈᓴᐅᑖ 1419 ᐃᖃᓗᐃᑦ ᓄᓇᕗᑦ X0A 0H0
ᐅᖃᓚᐅᑖ / Phone: 867-979-0911 ᓱᒃᑲᔪᒃᑯ / Fax: 867-979-3707 ᐊᑭᖃᖕᒋᑦᑐᒃᑯᑦ ᐅᖃᓚᐅᑖ / Toll free: 1-800-561-0911

ACTIVITIES PLANNED AND EXPECTED RESULTS

Activities Planned:

Expected Results:

Anticipated Number to be Reached:

_____

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EXPENSES

Expense Type: _____ Amount: _____

Explanation:

Budget Breakdown:

Subtotal Amount Requested ($): _____

Comments:

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PARTNERS

Identify any organizations that are expected to or did provide funding or in-kind contribution

Partner Organization Type:

Partner Organization Name:

Partner Organization #:

In-Kind Contribution:

Explanation:

For more information or to submit your application please contact Kakivak Association:	Phone: 867-979-0911 Toll-Free: 1-800-561-0911 Fax: 867-979-3707 info@kakivak.ca