

## Contribution or Sponsorship Application

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

Deadline for acceptance is a minimum of 30 days prior to the event or activity.

**Type of Organization (Please check one)**

- Registered Non-Profit/Community Based Organization
  - Individual
  - Public Government
  - Other (please state type)
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**Name (Company or Individual / Address**

**Contact Information:**



*Please note:*

***QC's contribution policy does not support:***

- *Political Campaign/Parties,*
- *Religious Organizations,*
- *Business Organizations, and*
- *Activities that do not advance QC's purpose.*

**Eligible standard contributions are for:**

Individuals: \$100.00; maximum donation \$1,000.00  
Non-profit and community based organizations - \$200.00 - \$5,000.00  
Any requests exceeding \$5,000 will require QC board approval.

**Contribution program type: (please check one)**

           **Cultural Development**

Support community based organizations and individuals that broaden cultural and traditional experiences and promote Inuit lifestyle. Targeted to support: cultural exchanges, Inuktitut language promotion, Inuit lifestyles promotion, cultural festivals and activities.

           **Community Health Improvement**

Support not-for-profit community service organizations that provide social development or human service and promote healthy living. Targeted to support suicide prevention, drug and alcohol education, and community and health promotion

           **Youth Development**

Support of not-for-profit, community based organizations and individuals that support youth activities. Focuses on support of programs that foster participation in: sporting events; leadership and social skills development; or programs that promote youth business and economic development education.

Brief summary and background information:


Benefits anticipated from contribution:


Budget (costing and other sources of funds):


State how will QC's contribution will be recognized:

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Please return application, with cover letter to:

Corporate Secretary  
 Qikiqtaaluk Corporation  
 P.O. Box 1228  
 Iqaluit, NU X0A 0H0

[reception@qcorp.ca](mailto:reception@qcorp.ca)

(867) 979-8400  
 (867) 979-8433 Fax

**Disclosure:**

I understand that should my application be successful, I am to provide a brief report to Qikiqtaaluk Corporation within 30 days completion of the program or event. Failure to do so will mean that I may not be eligible for any funds in the future.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Title (If Applicable)

\_\_\_\_\_  
 Print Name

**For office use only:**

File Number:	
Received:	
Pending:	
Additional Information	
Review/Recommendation	
Status:	
Denied	
Approved	

Forward to Board	
Letter:	
Cheque:	
Acknowledgement:	