Thank you for sharing your vision of Canada through the lens of Reconciliation! Please read and complete all sections and fill in all fields of information to the best of your ability. Incomplete submission forms will be ineligible for consideration.

**1. PERSONAL INFORMATION OF YOUTH LEAD (REQUIRED)**

|  |  |
| --- | --- |
| **First name:** *Click here to enter text.*  **Last name:** *Click here to enter text.*  **Traditional name:** *Click here to enter text.*  **Birthdate:** *Click here to enter text.*  **Grade:** *Click here to enter text.* | **Do you self-identify as:** *Click here to enter text*.  *( First Nations | Inuit | Métis | Other )*  **If other** *(optional)***:** *Click here to enter text*.  **Are you an Intergenerational Survivor?** *( Y | N )*  *(Do you have relatives who attended*  *a residential school or day school?)* |

|  |  |
| --- | --- |
| **Address:** *Click here to enter text*.  **City/Town:** *Click here to enter text.*  **Province/territory:** *Click here to enter text*. | **Postal code:** *Click here to enter text*.  **Email:** *Click here to enter text*.  **Phone number** *(main)***:** *Click here to enter text*. |

**2. PERSONAL INFORMATION OF UP TO 2 ADDITIONAL PROJECT REPRESENTATIVES (OPTIONAL)**

|  |  |
| --- | --- |
| **First name:** *Click here to enter text*.  **Last name:** *Click here to enter text*.  **Traditional name:** *Click here to enter text*.  **Birthdate:** *Click here to enter text*.  **Grade:** *Click here to enter text*. | **Do you self-identify as:** *Click here to enter text*.  *( First Nations | Inuit | Métis | Other )*  **If other** *(optional)***:** *Click here to enter text*.  **Are you an Intergenerational Survivor?** *( Y | N )*  *(Do you have relatives who attended*  *a residential school or day school?)* |

|  |  |
| --- | --- |
| **Address:** *Click here to enter text*.  **City/Town:** *Click here to enter text*.  **Province/territory:** *Click here to enter text*. | **Postal code:** *Click here to enter text*.  **Email:** *Click here to enter text*.  **Phone number** *(main)***:** *Click here to enter text*. |

|  |  |
| --- | --- |
| **First name:** *Click here to enter text*.  **Last name:** *Click here to enter text*.  **Traditional name:** *Click here to enter text*.  **Birthdate:** *Click here to enter text*.  **Grade:** *Click here to enter text*. | **Do you self-identify as:** *Click here to enter text*.  *( First Nations | Inuit | Métis | Other )*  **If other** *(optional)***:** *Click here to enter text*.  **Are you an Intergenerational Survivor?** *( Y | N )*  *(Do you have relatives who attended*  *a residential school or day school?)* |

|  |  |
| --- | --- |
| **Address:** *Click here to enter text*.  **City/Town:** *Click here to enter text*.  **Province/territory:** *Click here to enter text*. | **Postal code:** *Click here to enter text*.  **Email:** *Click here to enter text*.  **Phone number** *(main)***:** *Click here to enter text*. |

**3. SCHOOL OR COMMUNITY PARTNER INFORMATION (REQUIRED)**

|  |  |
| --- | --- |
| **School or Organizational Partner’s Name:** *Click here to enter text*.  **Teacher or Mentor’s Name:** *Click here to enter text*. | **Email:** *Click here to enter text*.  **Phone number** *(main)***:** *Click here to enter text*. |

**4. SUBMISSION INFORMATION (REQUIRED)**

|  |  |
| --- | --- |
| **What size micro-grant is needed?** *Click here to enter text*.  *( $750 | $1000 | $1500 )*  **Have you applied for any other grants or funds for this project?** *Click here to enter text*. | **Was this a group project?** *( Y | N )*  **If yes, how many were involved?** *Click here to enter text*. |

**Tell us about your project. Please include a project timeline, where it will take place, and who is involved.**

*Click here to enter text. Please provide a description of the project in a few paragraphs. If more space is needed, please attach a separate document.*

**Please provide a budget for the project.**

*Click here to enter text. Please provide a list of costs, needs, and resources that are required to complete the project. Consider every possible expense. If more space is needed, please attach a separate document of the project budget.*

**How are Indigenous Elders, Knowledge Keepers, Mentors, Residential School Survivors, or communities involved in the project?**

*Click here to enter text. Please explain in a few sentences, how Indigenous community members or communities are involved with or represented in the project.*

**What steps would you take if you did not receive a micro-grant from Imagine a Canada?**

*Click here to enter text. Please explain in a few sentences, what would happen to the project if a micro-grant is not received and whether you have applied for funding from other organizations.*

**5. ESSAY (REQUIRED)**

**What does Reconciliation mean to you?**

*Click here to enter text. Please share in a few sentences, what Reconciliation means to you.*

**FIPPA Notice**

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