

General information

The Financial Support Program for Indigenous Family Organizations is intended for Indigenous non-profit organizations or their equivalent and Indigenous community action organizations, both in and out of community, as well as communities of Indigenous Peoples recognized by the Assemblée nationale du Québec and the Assembly of First Nations of Quebec and Labrador and the commissions thereof. Funding, in support of the roll-out and operation of Family Centres, is granted on a multi-year basis, not to exceed three years, in order to promote the stability of organizations and provide them with greater flexibility in planning their activities.

This form is for eligible organizations that would like to submit an application for financial assistance for the period from April 1, 2022 to March 31, 2025.

Submission of application

The Ministère de la Famille must receive the Financial Assistance Application Form **no later than October 31, 2022, and for subsequent years, no later than June 30th of each year.**

The form must be sent by email to the Direction de la planification et des stratégies – Familles et enfance at psf.famille@mfa.gouv.qc.ca. To request information, please email the Direction de la planification et des stratégies – Familles et enfance of the Ministère de la Famille at psf.famille@mfa.gouv.qc.ca.

Protection of personal information

The personal information you provide to the Ministère, as well as personal information that will be kept in your file, will remain confidential.

Information about the organization

Name of legal entity		Québec enterprise number (NEQ)		
Name of organization				
Address of legal entity				
Civic number	Street/Avenue/Boulevard		Suite/Apt.	City/Municipality
Province	Postal code	Telephone number	Fax number (optional)	Toll-free number 1-
Email address				

Territory covered by the organization	
Borough	Regional county municipality (RCM)
Municipality	All of Québec <input type="checkbox"/> Yes <input type="checkbox"/> No
Administrative region	

Section 1 - Information to include in the Application

Present the needs and budget estimates.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Ref.: Program, p. 7, activities report, financial report.
Present a detailed Action Plan and the activities to be carried out in the coming year, demonstrating that it:			
Provides services to families.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Contributes to the growth of families and promotes the development of positive parenting skills.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Supports families and meets their needs, accompanying them through all the stages of life.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is concerned about the development of all family members and the quality of relationships between children and their parents.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Allows for the sharing and enrichment of the parenting experience.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Values and recognizes the role of the parent.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Promotes self-care for families.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Demonstrate that the budget estimates and Action Plan are consistent and realistic.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Section 2 - Documents to be attached to the Financial Assistance Application

A scanned copy of all the documents listed below must be attached to your Financial Assistance Application (please check off each of the documents attached).
IMPORTANT: Any incomplete applications will be considered inadmissible and returned to the applicant.

- Internal by-laws (general by-laws) of the organization or, in the case of a community, a copy of the general by-laws of the "maison de la famille" (family centre).
- A recent supporting letter from the community.
- If applicable, the activity report for the most recently ended fiscal year, adopted by the organization's formal bodies, including:
- a balance sheet;
 - prior fiscal year's reporting;
 - or, in the case of a community, the family centre's activity report, highlighting its achievements during the past year.

Section 3 - Budget estimates Forecast expenditures

Indicate the cost of salaries and benefits required for the basic operations of the organization or family centre.
Specify:

- a) Number of resources required:
- b) Hourly wage:
- c) Number of hours per week:
- d) Number of weeks:

Indicate the personnel development costs.
Specify the scheduled training activities and the associated costs:

- a) Activity: \$
- b) Activity: \$
- c) Activity: \$
- d) Activity: \$

Section 3 - Budget estimates (continued)

Forecast expenditures

The general overhead costs of the organization or family centre: office supplies and equipment, technology infrastructure, and communications.
Describe and break down these costs.

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Building rental, and premises expansion and renovation costs.
Describe and break down these costs.

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Travel and entertainment expenses.
Describe and break down these expenses.

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Additional expenses related to special needs (functional limitations) of clientele, members or staff.
Describe and break down these expenses.

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Revenue forecast

Funding under another provincial or federal government program

Is the project being funded by another government financial support program? Yes No

If so, please specify the program and break down the revenue.

Grant confirmed? Yes No \$

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Grant confirmed? Yes No \$

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Grant confirmed? Yes No \$

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Other funding sources for implementing the project

Specify the funder and break down the revenue.

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Section 4 – Declaration of the organization

Name of person designated in charge

Ms. Mr.

First name and last name

Title or function

I certify that I have read the Financial Support Program for Indigenous Family Organizations.

I certify that the information provided in this form is complete and accurate.

I confirm that all the documents required in Section 2 have been attached to the application.

Signature of person designated in charge

Date (YYYY-MM-DD)

Section 5 – Eligibility of Financial Assistance Application (reserved for the Ministère)

Compliance of application

Name of person who verified the eligibility of the application

Is the application eligible?

Yes No

Processing date (YYYY-MM-DD)

Comments