

## Indigenous Ministry Fund

#### **Purpose:**

To support Indigenous Ministry initiatives in southern Saskatchewan (approximately south of the 52 parallel).

#### Description

The Indigenous Ministry Fund makes funds from the sale of the Circle of Life building in Regina available for urban or rural Indigenous ministry projects or programs. Applications are for a one-year period. Congregations and ministries may apply for a project again for subsequent years. Projects may include the acquisition of capital equipment—up to \$10,000 as part of a larger project. The fund cannot be used for purchasing land or buildings.

#### Criteria:

The following are the priorities for assessing Indigenous Fund applications:

- support indigenous ministry initiatives in southern Saskatchewan;
- involve a faith-based component;
- received from a faith-based organization in southern Saskatchewan.

Applications must be received at Synod office by May 1 each year.

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# Indigenous Ministry Fund Application

Applying Organization and Contact information Contact Person for this application \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_ Organization handling finances (i.e. cheque payable to) Address \_\_\_\_\_ Phone \_\_\_\_\_\_ Postal Code\_\_\_\_\_ Registered Charity number: \_\_\_\_\_ **Project description** Project name \_\_\_\_\_ Provide a description of your proposed project.

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Identify the objectives or expected results of your proposed project.	
Planned start date of the project:	
Expected duration of the project:	
Financial	
Budget for the project \$	
Amount of funding requested from Sask Synod \$	
What will the requested funds be spent on?	
	Amount
Expenditure description	, in our

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Are you expecting to receive funding for this project from other	er sources?	□ Yes □ No
If yes, indicate the organization and the amount of funding to	be received.	
Name of Organization		Amount
Are you expecting support for the project in other ways (volun etc)?	teer hours, donat	ions in kind, facilities,
Description		Amount
Authorized representative of your organization		
If our application is approved, we understand that we will be re		te a project report by
December 31st each year and a final report when the project is	s completed.	
(Print name)	(Signature)	
Date		

### Please submit your application to:

Saskatchewan Synod

#6 – 2220 Northridge Dr., Saskatoon, SK S7L 6X8

Email: info@sasksynod.ca

Applications must be received at Synod office by May 1 each year.

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