

PRE-APPLICATION WORKSHEET

**HLF Indigenous Partnership Application**

Please contact the program administrator before beginning the application process to confirm if your organization and project are eligible for funding, and to get a Project Number/Password.

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Direct Line: 250-551-7821

PASSWORD \_\_\_\_\_

**1. Indigenous Partnership Project Summary**

PROJECT NUMBER \_\_\_\_\_

PROJECT TITLE \_\_\_\_\_

DATES (START – COMPLETION) \_\_\_\_\_

**APPLICANT CONTACT INFORMATION**

CONTACT NAME \_\_\_\_\_

TITLE \_\_\_\_\_

ORGANIZATION \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

PROVINCE \_\_\_\_\_

POSTAL CODE \_\_\_\_\_

WEBSITE \_\_\_\_\_

EMAIL \_\_\_\_\_

ARE YOU A HERITAGE BC MEMBER? Check one

- Individual
- Student
- Corporate
- Government (including Educational Institutions)
- Group (Non-Profits and Charities)

## ORGANIZATION INFORMATION

ORGANIZATION (Legal Name) \_\_\_\_\_

TYPE OF INCORPORATION

- Registered Not-for-Profit (BC Society Act)
- Local Government (Community Charter)
- School Board

LAND ACKNOWLEDGEMENT \_\_\_\_\_

### FOR NON-PROFITS

SOCIETY NUMBER \_\_\_\_\_

DATE OF REGISTRATION \_\_\_\_\_

### SUPPORTING DOCUMENTATION\*

- Board of Directors List

\*refer to the [Program Guidelines](#) for information on formatting and downloading files.

## 2. Indigenous Partnership Project

Your responses must reflect on the goals as outlined in the *HLF Program Guidelines & Policies 2022*.

**PROJECT DESCRIPTION** Briefly describe the project. What are the outcomes and goals? How will this project engage Indigenous peoples and communities? (500 words)

**PARTNERSHIPS** Who are your Indigenous collaborators and partners? How do you plan to engage your partners and the broader community? How will you maintain these partnerships and relationships beyond the project timeline? (400 words)

**EXPERTISE** Explain how your organization has the necessary ingredients to successfully complete the project; which may include organization skills, track record, experience, matching funds and resources, partners, and/or local government support. List all project volunteers and professional consultants and their disciplines and experiences. (200 words)

**RECONCILIATION** Briefly describe how your organization is advancing reconciliation (e.g. land acknowledgement, organizational statement, incorporation of Indigenous place names, MOU) and how this project furthers that work. If this information is on a website, please provide a link. Please provide all acknowledgements, statements and documents, either here or in the supporting documentation section below. (350 words)

**CALLS TO ACTION** Explain how your project addresses and supports the goals and vision of the Truth and Reconciliation Commission's 94 Calls to Action and United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP). How will the project support the goals of reconciliation and further the reconciliation process? (300 words)

**SUPPORTING DOCUMENTATION** Please provide letter(s) of support from your Indigenous partner(s), and any other documentation relevant to your project (i.e. planning documents, designs, photographs, etc). A formal letter is not required. Short emails can fulfill this requirement.

### **3. Scope: Eligible Work & Quotes**

**SPECIFY ELIGIBLE COSTS & QUOTES** Provide an itemized list of the eligible work including a description of tasks; who will be responsible for managing the work; and a minimum of one quote (excluding GST) with copies provided on supplier letterhead. Upload any additional documents used in the tendering process and selection of quotes for the work.

### **4. Project Budget**

Complete the project budget indicating project expenditures and revenue. Project costs may include both hard costs (labour, equipment), as well as soft costs, including administration or management. Total project revenue must equal total project costs.

### EXPENDITURES

**PROJECT COSTS** List each eligible work item/category and use the preferred quote, submitted previously in Section 4. If you are not using the lowest quote, specify the reasons for selecting the preferred bidder quote. See the *Program Guidelines & Policies* for definitions and examples of eligible costs. GST is not an eligible cost. Specify any in-kind costs and refer to the *Program Guidelines & Policies* for rates for in-kind labour. In-kind costs must be matched by equal in-kind revenues.

### REVENUE

**SOURCES OF REVENUE** List any applicant contributions, including in-kind revenue which should be calculated according to the *Program Guidelines & Policies*. Remember that this program only funds 50% of the eligible project costs, up to a maximum of \$7,500. These maximums are listed in the *Program Guidelines & Policies*. Show other sources of revenue. Indicate which are secured and which are requested. Also indicate here the amount requested from the Heritage Legacy Fund as a requested source of revenue.

### EXPENDITURES

ELIGIBLE COSTS	ITEM	AMOUNT	
	_____	_____	
	_____	_____	
		SUBTOTAL	_____
OTHER PROJECT COSTS			
	_____	_____	
	_____	_____	
		SUBTOTAL	_____
TOTAL PROJECT COSTS			_____
<b>REVENUE</b>			
	_____	_____	
	_____	_____	
		TOTAL PROJECT REVENUE	_____

## 5. Certification

I/We Certify That:

- To the best of my/our knowledge all the information contained in this application is true and complete.
- When the project is complete, I/we will send a report outlining the results of the project to the Heritage Legacy Fund office.
- Planning documents that result from the support of the Heritage Legacy Fund will be submitted to Heritage BC.
- All funding by the Heritage Legacy Fund will be properly acknowledged in print materials and other media, publicity related to the project, and at the project site by prominently displayed signage or other promotional materials supplied by the Heritage Legacy Fund.

This application and supporting materials are public documents, and may be made available to members of the public under the disclosure rules of the Freedom of Information and Protection of Privacy Act.

TWO AUTHORIZED MEMBERS OF THE ORGANIZATION MUST CERTIFY THE APPLICATION.

NAME

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TITLE

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ORGANIZATION

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NAME

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TITLE

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ORGANIZATION

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