

General Information

The Financial Support Program for Indigenous Family Organizations is intended for non-profit Indigenous organizations or their equivalents, and for Indigenous community action organizations, both in and out of community. It is also ntended for communities of Indigenous nations recognized by the National Assembly of Québec, and for the Assembly of First Nations of Québec and Labrador and its commissions. Financing is awarded on a multi-year basis, for a period not exceeding three years, to support an applicant's overall mission, foster its stability and provide it with greater flexibility when planning its activities.

Submission of the application

The application form must be submitted to the Ministère de la Famille **by June 30 of each year**.  
The form must be sent by e-mail to the *Direction des politiques et de la luttre contre l'intimidation*.  
Requests for information should also be sent to the *Direction des politiques et de la lutte contre l'intimidation*, at [psf.famille@mfa.gouv.qc.ca](mailto:psf.famille@mfa.gouv.qc.ca). Someone from the community action team will provide follow-up.

Protection of personal information

The information you send to the Ministère, and the information in your file, will remain confidential.

Information – Organization or community

Name of the organization or community			Québec Enterprise Number (NEQ) (where applicable)	
Building number	Street, avenue, boulevard	Office, apartment	Town, municipality	
Province			Postal code	
Resource person		Title of resource person		
E-mail address			Telephone number	Extension

Section 1 – Documents to include with the application for financial assistance

Scanned copies of all the documents listed below must be attached to your application form.  
IMPORTANT: Incomplete applications will be deemed inadmissible and returned to the applicant.

If your application is for:

<div><input type="checkbox"/> <b>The creation of a new family organization</b></div> <div>↓</div> <div>Here is the list of documents required for the creation of a new organization:</div> <div><div><input type="checkbox"/> The minutes of the new organization's constituting meeting</div><div><input type="checkbox"/> The general by-laws</div><div><input type="checkbox"/> The letters patent (where applicable)</div><div><input type="checkbox"/> Recent letters of support from the community</div><div><input type="checkbox"/> The organization's charter</div><div><input type="checkbox"/> A list of members of the Board of Directors</div></div>	or	<div><input type="checkbox"/> <b>Improvements to the activities and services for families offered by an existing organization</b></div> <div>↓</div> <div>Here is the list of documents required for improvements to the activities and services for families offered by an existing organization:</div> <div><div><input type="checkbox"/> The general by-laws</div><div><input type="checkbox"/> The letters patent (where applicable)</div><div><input type="checkbox"/> Recent letters of support from the community</div><div><input type="checkbox"/> The activity report from the last financial year adopted by the organization's formal authorities</div><div><input type="checkbox"/> The financial statements from the last financial year adopted by the organization's formal authorities</div></div>
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Section 2 – Information on the organization or community

2.1 Describe the particular features of the area served by your organization or community

2.2 Describe the characteristics of the Indigenous families present in the area served by your organization (particular contexts, needs, issues, challenges, situation, etc.)

2.3 Relevance and feasibility

<p><b>To be completed for the creation of a new family organization</b></p> <p>↓</p> <p>Why is it necessary to <u>create a new organization</u> to address the needs of families in your community?</p> <p>Describe the people (or organizations) involved in the creation of the new organization, along with their expertise.</p> <p>What will the new organization's mission be?</p> <p>List the activities and services <u>currently</u> offered to families by other organizations in your community.</p>	or	<p><b>To be completed for improvements to the activities and services for families offered by an existing organization</b></p> <p>↓</p> <p>Why is it necessary to <u>improve</u> the activities and services offered by your organization in order to address the needs of families?</p> <p>Why is your organization best-placed to offer activities and services for families in your community? (Expertise, contacts with families, etc.)?</p> <p>What is your organization's main activity sector?</p> <div><div><input type="checkbox"/> Family</div><div><input type="checkbox"/> Seniors</div><div><input type="checkbox"/> Food and essential aid</div><div><input type="checkbox"/> Women</div><div><input type="checkbox"/> Youth</div><div><input type="checkbox"/> Mental health and addiction</div><div><input type="checkbox"/> Justice</div><div><input type="checkbox"/> Employability</div><div><input type="checkbox"/> Violence and abuse</div><div><input type="checkbox"/> Other, specify:</div></div> <p>List the activities and services <u>currently</u> offered to families by your organization.</p>
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Section 3 – Action plan

List the family activities and services that could be offered or improved thanks to the Financial Support Program for Indigenous Family Organizations.

Name of the activity or service	Description	Aims of the activity or service (you may check more than one element)	History of the activity or service	Desired frequency	Target population
		<div><input type="checkbox"/> Child development</div> <div><input type="checkbox"/> Development of positive parenting skills</div> <div><input type="checkbox"/> Family support and assistance</div> <div><input type="checkbox"/> Quality of parent-child relationships</div> <div><input type="checkbox"/> Promotion and recognition of the parenting role</div> <div><input type="checkbox"/> Sharing and enrichment of the parenting and family experience</div> <div><input type="checkbox"/> Transmission of culture or enhancement of cultural identity</div>	<div><input type="checkbox"/> New activity or new service</div> <div><input type="checkbox"/> Existing activity or service to be improved</div> <div>↓</div> <div>Describe how it will be improved:</div>	<div><input type="checkbox"/> Once a day</div> <div><input type="checkbox"/> Once or twice a week</div> <div><input type="checkbox"/> Once or twice a month</div> <div><input type="checkbox"/> Four times a year</div> <div><input type="checkbox"/> Once a year</div>	<div><input type="checkbox"/> Perinatality</div> <div><input type="checkbox"/> Children 0-5 years of age</div> <div><input type="checkbox"/> Children 6-12 years of age</div> <div><input type="checkbox"/> Adolescents</div> <div><input type="checkbox"/> Parents</div> <div><input type="checkbox"/> Grandparents</div> <div><input type="checkbox"/> Family</div>
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Section 3 – Action plan (cont.)

List the family activities and services that could be offered or improved thanks to the Financial Support Program for Indigenous Family Organizations (cont.).

Name of the activity or service	Description	Aims of the activity or service (you may check more than one element)	History of the activity or service	Desired frequency	Target population
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Section 4 – Budget estimates for activities and services offered to families

Expenses	Management		Amount
	Number of resources required:		
	Annual salary		
	Fringe benefits		
	Professional development		
	Subtotal A		
	Human resources		Amount
	Number of resources required:		
	Annual salary		
	Fringe benefits		
	Professional development		
	Subtotal B		
	Support staff		Amount
	Number of resources required:		
	Annual salary		
	Fringe benefits		
	Professional development		
	Subtotal C		
	Operating expenses		Amount
	Office technology		
	Computers		
	Facility costs (mortgage, rent, renovations, etc.)		
	Travel and representation expenses		
	Insurance		
	Telecommunications (telephone, Internet)		
Subtotal D			
Other expenses (clarify)		Amount	
Subtotal E			
Total expenses		Amount	
Total (A + B + C + D + E)			
Revenue	Ministère de la Famille		Amount
	Amount requested under the Financial Assistance Program for Indigenous Family Organizations		
	Subtotal F		
	Other sources of funding for the project	Funding confirmed	Amount
	Funding provider:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Funding provider:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Funding provider:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Funding provider:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Funding provider:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Subtotal G		
	Total revenue		Amount
	Total (F + G)		

Section 5 – Declaration by the organization or community		
Name of the designated officer		
<input type="checkbox"/> Ms. <input type="checkbox"/> Mr.	First name and surname :	Title or position :
<input type="checkbox"/> I attest that I am aware of the Financial Assistance Program for Indigenous Family Organizations. <input type="checkbox"/> I attest that the information on this form is complete and accurate. <input type="checkbox"/> I confirm that all the documents required in Section 1 are attached to this application.		
Signature of the designated officer		Date (year-month-day)

Section 6 – Admissibility of the application for financial assistance (reserved for use by the Ministère)		
Compliance of the application		
Name of the person who verified the application's admissibility	Is the application eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date processed (year-month-day)
Comments		