**Wabanaki-Labrador Indigenous Health Research Network’s Indigenous Seed Funding Application Form**

**Instructions:** Please fill in this form on your computer using Microsoft Word.

Save your application package in **ONE** file, attaching all other documents in the check list below in the order given, and name the file accordingly: **your surname\_WLN Seed Fund.**

**Remember to save often!**

Once the whole application package is finished and saved, please email it to wln@dal.ca with the subject line: **Surname\_WLN Seed Fund**. Do not send applications by mail.

**The deadline for receipt of submissions is Monday, January 22, 2024, by 11:59 PM Atlantic.**

Please use the checklist to ensure you have included all required documentation with your application.

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| **Application Checklist** |
| * [**WLN membership**](https://www.wabanaki-labradornetwork.ca/network-registration-1) **– UPDATED NOV 28**
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| * Application form
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| * Project Narrative
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| * Budget Template and Justification
 |
| * Timeline
 |
| * Release Time Support Letter (if required)
 |
| * Applicant Profile or Resume / CVs
 |
| * Letters of Support
 |
| * References Cited
 |
| **Project Title:**  |
| **Name of Indigenous Community, Collective or Organization (ICCO):** |
|  |
| **Address:** |
|  |
| **Executive Director / CEO or related** |
| **Name:**  |
| **Current Position:** |
| **Email:**  |
| **Mailing address:**  |
| **Financial Officer**  |
| **Name:**  |
| **Email:**  |
| **Team Lead (if different from above)** |
| **Name:**  |
| **Current position or role:** |
| **Email:**  |
| **Mailing address:**  |
|  |
| **Team Members (add additional page if more than 3)** |
| **Applicant 1** |
| Name: |
| Current position or role: |
| Email: |
| Mailing Address: |
| **Applicant 2** |
| Name: |
| Current position or role: |
| Email: |
| Mailing Address:  |
| **Applicant 3** |
| Name: |
| Current position or role: |
| Email: |
| Mailing Address: |
| Have you or your research team applied for funding from the Wabanaki-Labrador Indigenous Health Research Network, or the Atlantic Indigenous Mentorship Network in the past? \_\_ Yes \_\_ No Did you receive an award?\_\_ Yes \_\_ No If you answered you above, please indicate the funding award(s) you have received (check more than one, if applicable). **Wabanaki-Labrador Indigenous Health Research Network*** Indigenous Health Research Support Fund
* Indigenous Health Research Seed Fund
* Indigenous Health Research Co-Learning Fund

**Atlantic Indigenous Mentorship Network*** Kausattumi Award
* Kausattumi Seed Award
* Kausattumi Travel Award
* Promise Scholarship
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