

National Sixties Scoop Healing Foundation of Canada 2026-2027 Grant Program Application Form

Please submit your completed Application Form directly to:
grants@60sscoopfoundation.com no later than 9:00 PM/21:00 Eastern Time on Wednesday, June 10, 2026.

Project Name:		
<i>Note: If handwriting your application, use black ink, not blue.</i>		
Contact First and Last Name:		Position/Title (e.g., Executive Director):
Organization Name:		Charitable Registration No.:
Is an Intermediary Agreement attached to this application? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is this an organization that serves Sixties Scoop Survivors, their families, and their descendants? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is this an Indigenous-led organization? Yes <input type="checkbox"/> No <input type="checkbox"/>
Telephone:		E-mail:
Requested Amount:	Start Date*:	End Date*:
<i>*The start date should be on or after August 1, 2026. The end date should be on or before July 31, 2027.</i>		
Make Cheque Payable to or Provide a Void Cheque and fill out the Electronic Fund Transfer Form:		
<i>Note: Cheques are made payable to organizations (not to individuals).</i>		
Contact Address:		Mail Cheque to:
		<i>Provide only if the address is different from the contact address</i>
1. Tell us about your organization. Please include details about- a. what types of programs and services it provides, and b. how decisions and direction about programs and services are provided or made by Indigenous peoples. (300 Words)		
2. Provide a summary of your project or program and explain how it will invest in the Health, Healing, and Wellness of Sixties Scoop Survivors, their families, and/or their descendants. (300 Words)		

3. Please write down the anticipated key outputs/outcomes of your project/program (5-6 major outputs/outcomes that this project/program will achieve).
4. How will your organization ensure that the project or program is delivered in a culturally safe and trauma-informed manner? (300 Words)
5. Please describe the organization's capacity to implement the project or program. What tools or resources are in place or will be put in place to deliver the project or program? Who will do the work? (300 Words)
6. How do you plan to report back to the National Sixties Scoop Healing Foundation of Canada and the Survivors, the organization serves, about the outcomes of the Project or Program? In addition to the prescribed written report, you will need to provide supplementary reports, documents, and videos to the National Sixties Scoop Healing Foundation of Canada during the project period and at the end. We ask that you identify a second form of reporting that highlights some of the important outcomes of the program or project. (300 words)
7. Please indicate if your project will involve partnerships with community partners, other Indigenous organizations, or local organizations serving Sixties Scoop Survivors. Please list partners and/or attach letters of support. The 2026 Funds can only go to a Registered Charity. Note: The Grant is not able to support projects outside of Canada.
8. Please include a work plan using the following table with quarterly distribution of activities/deliverables and timeline.

Audited Financial Statement

Did you attach a current copy of your 2024-2025 Audited Financial Statement with the application?

Yes No (specify reasons for not including) _____

This application is submitted for consideration by the National Sixties Scoop Healing Foundation of Canada Programs Committee on behalf of the organization noted herein, and the person signing below is duly authorized by the organization to commit to this project on its behalf.

Print Name of Primary Contact

Signature of Primary Contact

Date

Have questions? Send your questions or request a phone call with a member of our team on or before Wednesday, June 10, 2026, to: grants@60sscoopfoundation.com

FOR OFFICE USE ONLY

Date Received: _____

File #: _____