

# OIYPP Makakicedaa Grant Application 2026

FIRST NATION, METIS AND INUIT YOUTH GROUP OR INDIVIDUAL PROJECTS  
AGES 12 TO 35 IN ONTARIO, CANADA CAN REQUEST \$1000 - \$5000.

APPLICATIONS ARE ASSESSED AND CHOSEN BY [THE OIYPP YOUTH ADVISORY COUNCIL \(YAC\)](#).

ELIGIBLE PROJECTS CONTRIBUTE TO A HEALTHY COMMUNITY, HAVING MEANING BENEFITS TO PEOPLE AND THE ENVIRONMENT.

ELIGIBLE PROJECTS HAVE IDENTIFIED THE RESOURCES NEEDED TO SUCCESSFULLY COMPLETE THEIR PROJECT.

ELIGIBLE PROJECTS ARE OPEN TO PARTICIPATING IN THE OIYPP ANNUAL GATHERING.

If at any time you feel you need support or have questions during filling out this application, please let us know!

Email: [oiypphelp@gmail.com](mailto:oiypphelp@gmail.com)

PROJECTS MAY APPLY BY GOOGLE FORM, EMAIL OR VIDEO SUBMISSION.

APPLICATIONS MUST BE RECEIVED BEFORE MARCH 31ST, 2026 AT  
11:59 PM ET TO BE CONSIDERED.

EMAIL:

OIYPPHELP@GMAIL.COM

MAILING ADDRESS:

ONTARIO INDIGENOUS YOUTH PARTNERSHIP PROJECT  
C/O MAKEWAY CHARITABLE SOCIETY  
169 SPRING STREET  
SAULT STE MARIE, ONTARIO P6A 3A3

---

\* Indicates required question

## 1. **Indigenous Identity Verification**

This funding opportunity is intended for Indigenous youth. To confirm eligibility, applicants must provide ONE of the following forms of verification:

Please upload ONE of the following:

- Certificate of Indian Status (Status Card) or Secure Certificate of Indian Status
- First Nation Band membership or citizenship card
- Métis citizenship card issued by a recognized provincial Métis registry
- Inuit enrollment card issued by a recognized Inuit land claims organization
- A signed letter from a recognized and trusted Indigenous community member confirming your Indigenous identity and community connection (such as an Elder, Knowledge Keeper, Band Council member, Indigenous organization representative, or community leader)

If submitting a community verification letter, it must include:

- Your full name
- Your Indigenous Nation and/or community affiliation
- The full name, role, and contact information of the person providing verification
- Confirmation of your connection to your Indigenous community
- Nation-issued or government-issued documentation alone is sufficient and does not require additional letters or references.

All information will remain confidential and will only be used to confirm eligibility for Indigenous specific funding.

Files submitted:

2. **To apply your project should meet the requirements below (please check all that apply).**

*Check all that apply.*

- YOUR PROJECT IS LED BY A FIRST NATION, METIS AND INUIT YOUTH
- YOUR PROJECT IS LED YOUTH BY AGED 12 TO 35
- YOUR PROJECT WILL TAKE PLACE IN ONTARIO, CANADA
- YOUR PROJECT WILL CONTRIBUTE TO A HEALTHY COMMUNITY, HAVING MEANING BENEFITS TO PEOPLE AND THE ENVIRONMENT
- YOU HAVE IDENTIFIED THE RESOURCES NEEDED TO SUCCESSFULLY COMPLETE YOUR PROJECT
- YOU ARE OPEN TO PARTICIPATING IN THE OIYPP ANNUAL GATHERING.
- YOU ARE LOOKING FOR FUNDS FROM \$1000-\$5000

**Contact Info**

3. First and Last Legal Name of the applicant.

---

4. Preferred name of the applicant if different from above.

---

5. Pronouns of the applicant.

---

6. Do you have any accessibility needs or barriers to participation? If so, please list them (OR email us directly at oiyyphelp@gmail.com) and we will do our best to make sure you have everything you need to participate.

---

---

---

---

---

7. Are you filling this information out on behalf of someone else?

*Mark only one oval.*

Yes

No

8. If you are filling this application out on behalf of someone else please include your legal name, email and phone number, as well as, the relationship to the applicant.

---

9. Applicant Phone Number

---

10. Applicant Email Address

---

11. Applicant Full Mailing Address (including your postal code)

---

---

---

---

---

12. Are you applying as part of a Registered Business or Organization?

*Mark only one oval.*

Yes

No

13. At the time of this application is the applicant 18 years of age or older?

*Mark only one oval.*

Yes

No

### People

14. IS THE PROJECT LED BY A FIRST NATION, METIS AND INUIT YOUTH AGES 12-35 IN ONTARIO, CANADA?

*Mark only one oval.*

Yes

No

15. Please name the community or communities will your project take in? This might be a First Nation, urban community or online community.

---

---

---

---

---

16. Please name all Indigenous (First Nations, Metis or Inuit) youth working on your project.

This can include co-leads, collaboratives, and members of your group, mentors and Knowledge Keepers.

---

---

---

---

---

17. Please share additional contact's information (add names emails and phone numbers teammates, group members or mentors you are working with).

---

---

---

---

---

18. Send us your Instagram (optional)

---

19. Tell us a short story or biography about yourself (up to 250 words encouraged.)

---

---

---

---

---

Idea & Impact

WILL THIS PROJECT CONTRIBUTE TO A HEALTHY COMMUNITY, HAVING MEANING BENEFITS TO PEOPLE AND THE ENVIRONMENT?

20. Name of your project

---

21. Provide a short description of your project (3-5 sentences encouraged).

---

---

---

---

---

22. Who - Who will your project serve? Who supports your project?

---

---

---

---

---

23. What - What change do you hope to see?

---

---

---

---

---

24. When – When will your project take place?

---

---

---

---

---

25. Where- Where will your project take place? Where will you host your project or complete your work?

---

---

---

---

---

26. Why – Why are you motivated to lead this initiative?

---

---

---

---

---

27. How – How will you complete your project? Is there a model, process, tools or form of technology you will use?

---

---

---

---

---

28. Safety Planning: Will your project be outside on the land, hunting, serving/preparing food, or have any other potential risks to you, your team or participants? Please identify any risks that may occur and how you will address them.

---

---

---

---

---

29. Attach up to 3 additional files to help describe your project (you can include pictures or documents). This question is optional.

Files submitted:

### Project Budget

HAS THE PROJECT IDENTIFIED THE RESOURCES NEEDED TO SUCCESSFULLY COMPLETE THEIR IDEA?

30. Do you have a charitable organization, Organizational Mentor or Trustee to hold your grant? (Please apply even if you do not).

*Mark only one oval.*

- Yes
- No
- Unknown

31. Please provide the charitable name and charitable number of the organization you will be working with, if applicable.

---

Outline the total project cost and the total request from OIYPP. Untitled Title

Here is the link to the Budget Template

<https://docs.google.com/spreadsheets/d/18xjw6k0SUC19zVFeo0Hupk3HjSO0Yhfc/edit?usp=sharing&oid=105754262170620784115&rtpof=true&sd=true>

Please fill out the Budget Template and then upload it below. Alternatively, you can send it to [oiypphelp@gmail.com](mailto:oiypphelp@gmail.com).

32. Upload your budget here:

Files submitted:

33. How much money is your project requesting? (Please provide the exact amount.) \*

---

34. How will the money your project is requesting be spent? \*

---

---

---

---

---

35. Describe any additional supports (other than monetary) that OIYPP might provide to help you project succeed. Include requests for mentorship, training, networking, etc.

---

---

---

---

---

#### PART 4 - Declaration and Signing

Complete the declaration below. Provide signatures representing both you and your project. Untitled  
Title

36.

*Check all that apply.*

I/WE AGREE IF FUNDED, WE WILL PROVIDE THE VITAL DOCUMENTS AS REQUIRED (IE FINANCIAL STATEMENTS)

I/WE CONFIRM THAT THE INFORMATION CONTAINED IN THIS SUBMISSION IS TRUE

I/WE AGREE THAT THE MATERIALS SUBMITTED WILL NOT BE RETURNED & WILL BE USED FOR THE EVALUATION OF THIS PROJECT SUBMISSION

37. Date

---

*Example: January 7, 2019*

38. Signature

---

---

This content is neither created nor endorsed by Google.

**Google Forms**

