



## Reclaiming My Language: A Course for Silent Speakers 2019-20 Funding Application Form

The FPCC is accepting proposals to the *Reclaiming My Language Program* for up to **\$25,000**. The course must be completed between September 1, 2019 and March 31, 2020.

### **Application Deadline: May 31, 2019**

Please mail completed applications to:  
Reclaiming My Language Program  
First Peoples' Cultural Council  
1A Boat Ramp Road, Brentwood Bay, B.C. V8M 1N9  
OR by email to [suzanne@fpcc.ca](mailto:suzanne@fpcc.ca)

When completing this application form, please refer to the funding guide entitled ***Reclaiming My Language Program Funding Guide 2019-2020***. The guide provides detailed information on all the items that you are required to address in this application form. If you require assistance with your application, please contact Suzanne at 604-328-1210 or the language program at First Peoples' Cultural Council at 250-652-5952.

### **Application Checklist**

Only complete applications will be accepted. Please use this checklist.

#### **Application Form**

- Application Form is complete (all sections are filled out) and signed by an authorized representative
- At least 10 pre-course surveys are attached (one for each potential participant)

#### **Governance Documentation**

- For Bands: Band Council Resolution (dated and signed) OR a letter of support signed by the Band Manager or Chief or Councillor is attached **OR**
- For Societies/Organizations: A letter (dated and signed) by the Executive Director or General Manager

#### **Language Needs Assessment**

- An online Language Needs Assessment has been completed by your community for this funding year. Please see the instructions for filling out the LNA here:  
<http://www.fpcc.ca/Grants/Language/#LNA>



## Reclaiming My Language 2019-2020 Application Form

<b><i>For Office Use Only</i></b>	<b>File Number</b>
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### 1a. Applicant Information

Legal name of payee (the cheque will be made out to this name):	
Primary Contact Person:	Telephone:
Title:	Email:
Secondary Contact Person:	Telephone:
Title:	Email:
Mailing Address / City/Town / Postal Code	
First Nation(s) Affiliated with Organization Applying:	

### 1b. Language Information:

Language:	Dialect (if applicable):
Language Needs Assessment Number: (LNA must be from current year.)	

### 1c. How did you hear about this program?

Please let us know how we're doing in communicating about funding opportunities.  
How did you hear about this funding call?

<input type="checkbox"/> FPCC email <input type="checkbox"/> FPCC website <input type="checkbox"/> Social Media (Facebook or Twitter – circle)	<input type="checkbox"/> Community newsletter <input type="checkbox"/> Word of mouth <input type="checkbox"/> Other:
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## 2a. Project Context

How does this project fit within your overall language revitalization plan? Why do you think the *Reclaiming My Language* course is a good fit for your community? How does it support or how is it supported by other language projects?

## 2b. Current Language Programs

What kinds of language programs are in your community? Please check all boxes that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Full immersion language nest (5 and under) | <input type="checkbox"/> Language provided in other preschool centre (5 and under) |
| <input type="checkbox"/> Language classes in on-reserve school      | <input type="checkbox"/> Language classes in local public school                   |
| <input type="checkbox"/> Adult classes (19+)                        | <input type="checkbox"/> Other please identify:                                    |



**3. Project Team: Please refer to guide for a description of these roles.**

**3a.** The course requires a **Co-Instructor Community Specialist** who will handle the overall organization of the course and co-instruct the course. Ideally, s/he is located in the community and has an interest in language revitalization. Please list some potential applicants for this role.

Name	Location	Occupation or Background

**3b.** The course requires a **Co-Instructor Mental Health Specialist** who will be the other co-instructor of the course. S/he must have recognized certification (e.g. psychologist, social worker, certified counsellor, etc.) and have experience with Cognitive Behavioural Therapy (CBT). Ideally, s/he is located in the community or within a reasonable travel distance from the community. Please list some potential applicants for this role. If you don't know of any potential applicants, answer "unknown" but your application will have a greater chance of success if you can help us identify a certified mental health specialist who is familiar with CBT.

Name	Location	Occupation or Qualifications

**4. Project Participants: Please refer to guide for a description of project participants.**

The course has a maximum of 10 participants. All participants must be silent speakers. Each participant is paired with a fluent mentor. Please list potential **participant** AND **mentor** names here.

Silent Speaker Name	Mentor Name
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.



### 5. Pre-Course Survey

Each silent speaker participant is required to fill out a **Pre-Course Survey**. Using the Program Guide, clearly explain the course to potential participants. Make **10 copies** of this page and have the survey completed by **10 potential participants**. Attach surveys to the application. Survey information will be kept **CONFIDENTIAL**.

#### Do you think you are a silent speaker? You can reclaim your language!

What is your name: \_\_\_\_\_

There are many kinds of silent speakers. Please check the box or boxes that best describe you.

- I am a residential school survivor who spoke my language before attending school but no longer speak it.
- I grew up hearing my language and understand it but do not speak it.
- I grew up with a fluent speaker in the home and understand my language but do not speak it.
- I have studied a lot and have a high level of ability in reading and writing my language, but do not speak it.
- I moved away from the community for some time and do not feel comfortable speaking now that I am back.
- I speak a different dialect of the language in my community and do not feel comfortable speaking.
- I haven't spoken my language for years because I haven't really had anyone to speak with.

Check the box that best answers the question.	Not at all or never	Some or some of the time	Half or half of the time	Most or most of the time	All or all of the time	Does not apply
When people speak my language, I can understand.						
I can read my language.						
I can write my language.						
If you know how to speak a few <b>words</b> in your language, how often do you do it?						
If you know how to speak a few <b>sentences</b> in your language, how often do you do it?						
If you know how to have a whole <b>conversation</b> in your language, how often do you do it?						
I am comfortable speaking my language with one close friend or family member.						
I am comfortable speaking my language in a small group.						
I am comfortable speaking my language in public settings.						
I feel that I speak my language as much as I want to.						

#### Why do you want to reclaim your language?



## **6. Sharing, Mobilization and Continuation**

### **6a. Internship**

The *Reclaiming My Language* course provides opportunities for participants to complete an internship in a language setting (from daycares to schools to adult programs). Please identify potential internship opportunities for participants in your community.

### **6b. Continuation**

Please identify any opportunities for participants to continue their learning after the course is over. Please identify potential employment or volunteer opportunities available for course participants who reclaim their language.



**7a. Project Budget: Maximum grant: \$25,000.**

**Budget notes:**

- The budget below outlines the maximum budget available.
- Mentors and participants will not be paid for sessions that they don't attend. Any unspent grant funds must be returned to FPCC at the end of the grant.
- Applicants are required to provide a facility in which to hold the course. This is an in-kind contribution.

Expense Description	FPCC Grant Amount
Co-Instructor Community Specialist (8 hrs/week x 16 weeks x \$25/hr + 15% benefits) <i>16 weeks = 4 weeks pre-class preparation, 10 weeks of classes &amp; 2 weeks wrap-up</i>	\$3,680
Language mentor honouraria (10 mentors x \$75/session x 12 sessions) <i>12 sessions = orientation meeting, 10 mentoring sessions, final class/celebration</i> <i>Mentors are only paid for sessions they attend.</i>	\$9,000
Participant honouraria (10 participants x \$30/session x 20 sessions) <i>20 sessions = 10 classes and 10 mentorship sessions.</i> <i>Participants are only paid for sessions they attend.</i>	\$6,000
Optional internships: Participant honouraria (10 participants x \$30/session x 4 sessions) <i>4 sessions = 4 times participating in a language setting</i> <i>Participants are only paid for sessions they attend.</i>	\$1,200
Travel (local): Co-Instructor Community Specialist; transportation for mentors if needed <i>Current travel rate is \$.54 per kilometre</i>	\$500
Printing, supplies, and cost of criminal record checks if necessary	\$550
Refreshments (\$100/session x 10 sessions)	\$1,000
<b>Subtotal</b>	<b>\$21,930</b>
Administration (band or society) 14%	\$3,070
<b>Total FPCC Funding Requested:</b>	<b>\$25,000</b>

Note: The Co-Instructor Mental Health Specialist will be paid directly by FPCC.  
If you expect that your costs will vary from the standard budget, please explain here.



**7b. Finance Personnel**

Does your organization have a designated person dealing with your finances (bookkeeper or accountant)? Please provide name, title and contact information.

Yes  No

Name:

Title:

Email:

Telephone:

**8. Signing Authority**

I, \_\_\_\_\_, declare that the information in this application is accurate and complete. The application is submitted on behalf of the organization with its full knowledge and consent. If financial funding is approved it will be used only for the purposes specified in this application.

After signing, the organization that I represent agrees to honour the terms and conditions for any funding contract issued by the FPCC respecting this proposal. Any debts incurred by this project will be the responsibility of the applicant organization.

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_