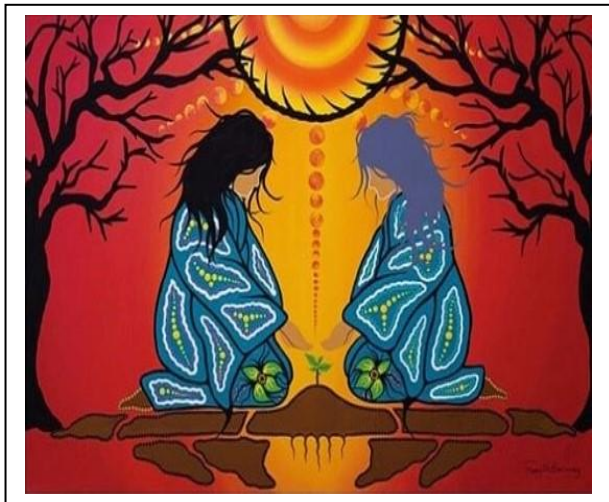


## AWARDS 2019

### DIALOGUE FOR LIFE - HOPE FOR THE FUTURE

Montreal, November 20 – November 25, 2019

FNISPAQL is happy to acknowledge, again this year, the special work accomplished by an individual or a group who actively participates in strengthening and protecting life in our families, communities and nations.



Offerings

Tracey Metallic

- **Elder 2019**
- **Community Worker 2019**
- **Caregiver 2019**
- **Youth 2019**
- **Police Officer 2019**
- **Community Development Initiative 2019**

#### **Who can be a candidate? First Nations and Inuit individual**

**Elder:** member of a community who shares teachings

**Community Worker:** Health, Social, or Educational field

**Caregiver:** member of a community actively involved on a volunteer basis

**Youth:** individual or group initiative

**Police Officer:** member of a First Nations or Inuit police force

**Community Development Initiative:** individual or group initiative that made a significant difference in their family, surroundings and their community.

**How to submit the name (s) of a candidate?** Please complete the attached form. The nominations must be accompanied by at least three signatures of individuals supporting the nomination. The forms must be returned to the Association before October 31, 2019.

#### **FNISPAQL Awards 2019**

3177 St. Jacques ouest, suite 202

Montreal, Québec H4C 1G7

Telephone : 514-933-6066 Fax : 514-933-9976

E-mail: [pspni-fnisp@bellnet.ca](mailto:pspni-fnisp@bellnet.ca)

Web Site: [www.dialogue-for-life.com](http://www.dialogue-for-life.com)

# FNISPAQL Awards – Nomination Form

## Category

Community Worker    Caregiver    Elder    Youth    Police Officer    Community Initiative

### Identification of the candidate:

Name:	
Organization:	
Address:	
City:	Postal Code:
Telephone:	Fax:
E-mail:	

### Identification of Supporter 1:

Name:	
Organization:	
Address:	
City:	Postal Code:
Telephone:	Fax:
E-mail:	

### Identification of Supporter 2:

Name:	
Organization:	
Address:	
City:	Postal Code:
Telephone:	Fax:
E-mail:	

### Identification of Supporter 3:

Name:	
Organization:	
Address:	
City:	Postal Code:
Telephone:	Fax:
E-mail:	

### Identification of Supporter 4:

Name:	
Organization:	
Address:	
City:	Postal Code:
Telephone:	Fax:
E-mail:	

