

APPLICATION FOR FUNDING

Community Funding Program

**1. APPLICATION INFORMATION**

Name of Individual Applicant: \_\_\_\_\_

Status Number (10-digit Treaty Number): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

\_\_\_\_\_

Council of Band, on behalf of the Band Applicant Contact Person: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

**PLEASE INDICATE WHICH CATEGORY THE PROGRAM OR ACTIVITY ADDRESSES:**

BAND DEVELOPEMENT

CULTURE

EDUCATION

SPORTS AND RECREATION

**2. DESCRIPTION OF PROGRAM OR ACTIVITY**

Name of Program or Activity: \_\_\_\_\_

Start Date: \_\_\_\_\_

Completion Date: \_\_\_\_\_

Please provide a brief description of your Community Based Program or project, and how the Community Based Program or project will provide social and economic benefit to the Band and its members:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All Applications for funding of Community Based Programs or Projects shall be required to meet certain primary objectives, those being:

- a) The benefiting of the Band as whole or members of the Band with the given program or activity: and
- b) The improving the quality of life for the members of the Band.

Indicate how the proposed Community Based Program or Project will meet these objectives:

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Indicate how the proposed Community Based Program or Project will provide social and economic benefits to the band and its members. Also, please describe the long-term goals and objectives of the program or project:

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If individual band members are involved in providing the community-based program or project, list the name of all individuals involved:

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Indicate below any additional sources of funding or financing you have received or will be receiving in respect of the proposed Community Based Program or Project. Please indicate the amounts received, or to be received:

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Please provide a name and contact number of the individual responsible for the financial management of the Community based Program or Project:

Name: \_\_\_\_\_

Number: \_\_\_\_\_

Additional comments or information relevant to the proposed Community Based Program or Project:

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If your application for funding is approved, please indicate to whom the proceeds should be made payable to under the Individual Member of the Band category:

Full Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

Have you previously received funding from Little Child Community Development Inc.? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please specify when: \_\_\_\_\_

Have you prepared and attached a management and operation plan with respect to your community based program or project?

Yes \_\_\_\_\_ No \_\_\_\_\_

**NOTE: It is required that all applications for funding in the Community category be accompanied by a Management and Operation plan.**

### 3. ASSETS

Applicant's cash or equity (cash, tools, equipment, etc.) Please Specify	Amount
	\$
	\$
	\$
	\$

Financing you have received or will be receiving in respect to your Community Based Program or project. Please specify	
	\$
	\$
	\$
Funding secured from other sources (government loans, grants, etc.) Please specify	
	\$
All other assets	
	\$
	\$
Total amount of assets associated with the Community Based Program or Project. (NOT including amount requested from Little Child Community Development Inc.)	\$

**4. EXPENDITURES**

Direct Labour (please list)	Amount
	\$
	\$
Direct materials	
	\$
	\$
	\$
Special Purpose Equipment	
	\$
	\$
	\$
Training	

	\$
	\$
Patents	\$
Rentals (please specify)	\$
	\$
Other costs associated with the Community Based Program or Project.	
	\$
Total Projected Costs:	\$
Amount requested from Little Child Community Development Inc.	\$

**If the application for funding as provided is approved by Little Child Community Development Inc., Board of Directors, and the applying organization or individual agrees to the following:**

- A) To maintain all original documentation pertaining to the Community Based Program or Project for which funding has been applied for including all financial statements, invoices, and receipts and supply the documents to the Little Child Community Development Board upon request.
- B) To utilize the funding received only for the purposes identified and not for the any other purpose, Community Based Program or Project without express written consent by the Little Child Community Development Board.
- C) To immediately return any unused funds not utilized for the Community Based Program or Project as identified. In the event that costs associated with the operation of the Community Based Program or Project are lower than the costs originally projected, the amount of available funding shall be adjusted to reflect the lower costs. In the event that the fund has already been received by the applicant, the proceeds received from the Board over and above the expenditures incurred shall be considered an overpayment. Under such circumstances, the applicant shall upon demand be required to refund the funds attributable to the overpayment.
- D) A follow-up report is required upon request of the Board.
- E) To authorize the Board to publish for use in conjunction with the reparation of its audited financial statements along with reporting to the Cowessess First Nation Membership of the applicant’s name, description of Community Based Program or Project and the amount of funding received by the applicant. The applicant hereby acknowledges and agrees that this shall constitute proper and sufficient authority and consent for the release of the said information under applicable federal and provincial

privacy legislation including without restricting the generality of the foregoing. The *Personal Information Protection and Electronic documents Act (Canada)*

**In the event the application for funding is approved and the Applicant and/or Organization fails to comply with the conditions as referred above, all funds received by the Applicant and/or Organization pursuant to this application shall immediately become payable by the applicant to the Board and the Board may, as its option, proceed with the exercise of any or all the following remedies:**

- a) **The Board may cancel or suspend any further payments to the Applicant Organization with respect to the business or business-related project. In addition, the applicant shall be prohibited from receiving any further funding from the Board until all debts and obligations owing the Board have been paid in full,**
  
- b) **The Board may proceed with the enforcement of any legal proceedings against the applicant to enforce repayment of all monies advanced to the applicant and owing to the Board as a result of the applicant's failure to comply with the terms and conditions prescribed herein;  
or**
  
- c) **The Board may proceed with the exercise of any other rights or remedies it may have in law against the applicant.**

## **5. Declaration**

**On behalf of the Applicant and/or Organization, we hereby represent, warrant, and certify the following:**

- a) That the information contained in the application reflects an accurate description of the estimated costs associated with the,
  
- b) That the information contained in this application is true and correct.
  
- c) That the Applicant and/or Organization agree to the terms and conditions as prescribed herein and agree to be bound by such terms and conditions with respect to receipt of all funding received from the Board and

- d) That I hereby authorize any duly appointed representatives of the Board to obtain from and share with such persons or organizations. public or private, any information necessary to complete their assessment of the application for funding as outline herein.

Applicant Name (Print): \_\_\_\_\_

CDO Name (Print): \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

CDO Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**"ALL APPLICATIONS TOGETHER WITH SUPPORTING DOCUMENTATION SUBMITTED IN RELATION TO AN APPLICATION SHALL, UPON THEIR SUBMISSION, BECOME THE PROPERTY OF THE BOARD.**

**MAIL ONE COPY (ORIGINAL) OF THIS APPLICATION FORM TO:**

**LITTLE CHILD DEVELOPMENT INC.**

**Box 109 Cowessess, SK, S0G 5L0**

**Fax: 306.696.2520**

**Or**

**Littlechild.cdb@cowessessfn.com**

**"Please keep a signed copy for your files."**