

APPLICATION FOR FUNDING

Individual Funding Program

1. APPLICATION INFORMATION

Name of Individual Applicant: _____

Status Number (10-digit Treaty Number): _____

Phone Number: _____

Fax: _____

Cell Number: _____

Email: _____

Address: _____

Postal Code: _____

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: _____

Total Costs associated with the program or activity: _____

Please provide a brief description of your individual program or activity, and how it will provide benefit to the individual band member:

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 Individual program or activity 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 any other purpose, Individual program, or activity without express written consent by the Little Child Community Development Board.
- C) To immediately return any unused funds not utilized for the individual program or activity as identified. In the event that costs associated with the operation of the individual program or activity are lower than the Individual program or activity 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 individual program or activity 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 fails to comply with the conditions as referred above, all funds received by the Applicant 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 with respect to the individual program or activity. 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.**

3. Declaration

On behalf of the Applicant, 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 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.

LITTLECHILD COMMUNITY DEVELOPMENT INC.
P.O BOX 109 Cowessess, SK. S0G 5L0 Phone: 306.696.2520 Fax: 306.696.2767
Email: Littlechild.cdb@cowessessfn.com

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."