**Edkaagmik Nbiizh Neyaashiinigmiingninwag Edbendaagzijig Trust**

**PROPOSAL APPLICATION**

Due August 25, 2017, 4:30pm

***Have you read the application handbook?***  Yes  No

**APPLICANT INFORMATION**

**Member Application  Council / Band Program Application**

|  |  |
| --- | --- |
| **Name of Applicant:** |  |
| **Title:** |  |
| **Program/Dept. Name:**  **(if applicable)** |  |
| **Phone:** |  |
| **Email:** |  |
| **Address:** |  |
| **Primary Contact Person:** |  |
| **Position of primary contact:** |  |
| **Supporting BCR#: (for band program proposals)** |  |

**Signature of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For Office Use Only:**

**Date application submitted to trust \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Application Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PROJECT INFORMATION**

**1. Briefly describe your project in 100 words or less.** (What is the project, why is it needed, who will it benefit, where will project take place, when and will you be partnering with any other organizations?)

**2. Goals, Impact and Outcomes**

**a) As a result of the project, what is the long-term benefit for our community?**

**b) What are the outcomes of the project and how will these outcomes will be tracked?** (Examples: grades 1-8 to be exposed to 8 hours of healthy lifestyle education in an 8 week span and as part of an ongoing project to educate students on wellbeing; to develop a culturally specific curriculum in a 2 year period; to provide pre-apprenticeship training to a total of 18 individuals within a 1 year period; to increase the lifespan of a road by 10 years )

**3. Outline the timeline of your project, taking care to detail the steps required to carry out your plan. If there are any rules or regulations tied to your project, please outline them (i.e. band building codes, personnel policies)**

**4. Project Team Members:**

|  |  |
| --- | --- |
| **Name** | **Role on Team:** |
|  |  |
|  |  |
|  |  |
|  |  |
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**5. Trust funds are intended to provide present and long-lasting benefit for our community and future generations. Please check each of the Trust subsections below that are relevant to your proposal, with a few words in the box to explain the relevance as it relates to your project.**

**Trust Objectives:**

**LAND** -Acquire land for the benefit of the First Nation

Top of Form

**EDUCATION** - Increase teacher salaries for First Nation run educational programs

**EDUCATION** - Building, establishment, improvement & operation of school

**EDUCATION** - Provide educational loans, scholarship and/or bursary funds for members

**EDUCATION** - Provide funds for trades, apprenticeship and internship programs

**HEALTH** - Promote teaching of healthy living

**HEALTH** - Facilitate mental health or other wellness programs

**HEALTH** - Facilitate programs that will provide services to seniors and allow them to remain in their own homes for as long as possible

**HEALTH** - Build centres for seniors and/or seniors home

**ECONOMIC DEVELOPMENT** - Provide business loans to the First Nation or one or more of its corporations. (Council applications only)

**ECONOMIC DEVELOPMENT** - Start-up or acquisition of a business by the First Nation or by one or more of its corporations

**ECONOMIC DEVELOPMENT** - Promote eco or cultural tourism businesses of the First Nation or one or more of its corporations

**CULTURE & HERITAGE** - Preserve, study or promote language and cultural heritage

**CULTURE & HERITAGE** - Building of a cultural centre for the members

**CULTURE & HERITAGE** - Cultural programs

**CULTURE & HERITAGE** - Cultural ceremonies

**INFRASTRUCTURE** - Construct roads, bridges, ditches, water-courses, erosion control works, irrigation and drainage systems, fences, buildings, permanent improvements or other works on reserve lands or lands owned by first nation

**HOUSING** - For Housing (Council applications only)

**HOUSING** - For off-reserve housing to provide shelter to students while they attend post-secondary or apprenticeship type programs off reserve (Council applications only)

**GOVERNANCE** – Negotiation or litigation in protection or advancement of a right of the First Nation (i.e: land claims)

**GOVERNANCE** – Research into claims where it related to protection or advancement of a right of the First Nation (i.e: land claims)

**GOVERNANCE** – Support governance capacity, including policy development, custom membership or electoral codes and knowledge for self-government.

**6. Please check the number of on or off reserve Band members benefiting  as a result of this project, i.e. members employed, trained, serviced, etc. Please check one option only and explain the benefit in the box below.**

0-50

51-500

501-1500

1500-2500

2501 and up

**7. Term of immediate and long-term benefit of this project, i.e. employment, training, service length or other benefit. Please check one option only and explain the benefit in the box below.**

Will directly benefit the first nation for 0-10 years

Will directly benefit the first nation for 11-30 years

Will directly benefit the first nation for 31 years plus

**8. Have you (either as an individual applicant or the program you are submitting this application on behalf of) received Trust funds for this particular project or another in the past? Please identify which year(s).**

Yes  No

**9. If this project was funded by the Trust in previous years, please provide a summary of results for the last project year that you or a member of your team was funded. (i.e: was the project successful and how did the community benefit?)**

Yes  No

**BUDGET INFORMATION**

**1. What is the total cost of this project for the period of time you are applying?**

**$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. How much (what percentage) of the total cost of this project, are you requesting from the Trust?**

**$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. Have you applied or secured other funding sources (including in-kind) for this project? Note: Band program proposals will only be considered if it is clear that other potential sources of funding (grants, foundations, government, fundraising etc.) have been explored. If, so please describe.**

Yes  No

**BUDGET and EXPENSE WORKSHEETS**

Include expenses and revenues that may be covered by partnerships (In-Kind) with other departments. (Example: Health Centre will provide office space. This is worth $500). Include the expense in the expense worksheet and as an ‘in-kind’ contribution in the revenue sheet. NOTE: Total expenses should = total revenue

|  |  |
| --- | --- |
| **EXPENSE ITEMS** | **EXPENSE COST ($)** |
| Salaries | **$** |
| Benefits | **$** |
| Honoraria/Per diems | **$** |
| Supplies/Equipment/Rentals | **$** |
| Training Costs | **$** |
| Administrative Costs (Office space etc) | **$** |
| Professional Service Fees (HR, legal, bookkeeping, specialists, etc) | **$** |
| Travel/Mileage | **$** |
| Other Costs | **$** |
| **TOTAL EXPENSES** | **$** |

|  |  |  |
| --- | --- | --- |
| **REVENUE SOURCES** | **REVENUE AMOUNT ($)** | **Secured?**  **YES/NO** |
| Trust Funds | **$** |  |
| Other Direct Funds Source #1 (Funds) | **$** |  |
| Other Direct Funds Source #2 (Funds) | **$** |  |
| Other Direct Funds Source #3 (Funds) | **$** |  |
| In-Kind Source #1 | **$** |  |
| In-Kind Source #2 | **$** |  |
| In-Kind Source #3 | **$** |  |
| **TOTAL REVENUES** | **$** |  |

**Supporting Documentation**

Applications must include supporting documentation to confirm secured partnerships, funding or in-kind contributions.

Feasibility studies, cost/benefit analysis, BCR’s, applicable CCP sections, risk assessments, studies/reports, supporting letters of partnerships, supporting letters to reflect benefits of project, acceptance letters, business plans, operational procedures & policies, personnel policies, board policies, and applicable regulations and guidelines that your project will be operating under should be attached to your application.

**DISCLOSURE**

I confirm that the information provided in this application is accurate and complete and, to the best of my knowledge, contains no false information.

I agree that in the event this application is successful, the Trust will share the project details and/or project results to the Chippewas of Nawash community. The Trust will post the project name, the amount awarded and the primary contact on the public website, community newsletter, in reports to Council, Band Members and at the Annual General Meeting (AGM). I may be asked to submit a photo and summary of the completed/successful/in progress project/program and may be asked to do a presentation on the funded project/program at a community meeting.

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Applicant Signature Date