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**2020**

**PROPOSAL APPLICATION**

Due Friday, September 18, 2020 4:30 p.m.

**Welcome to the Edkaagmik Nbiizh Neyaashiinigamiingninwag Edbendaagzijig (“ENNET”) Trust Project Funding Application!**

The amount for distributions for community projects depends on the revenues realized each fiscal year. The Trustees determine the annual income available for distribution and accept applications and community feedback for this use.

We are pleased to inform you that applications for 2020 are now being accepted until Friday, September 18, 2020 @ 4:30 p.m Eastern Time.

Trustees are purposeful in their planning and seek ways to align with the Community Comprehensive Plan. Trustees are aware that the funds do not meet all members’ needs but do their best to meet a broad amount of needs for both on and off reserve members while maintaining accountability and feasibility. Careful consideration must be made as to those proposals that best fit with the community’s current needs.

Please read the application handbook carefully before beginning to fill out the application form.

**Applications must be emailed, faxed or mailed to the Corporate Trustee directly. Applications left at the Band Office will not be considered.**

***I read the 2020 handbook?***  Yes  No

**APPLICANT INFORMATION**

**Member Application  Council / Band Program Application**

|  |  |
| --- | --- |
| **Name of Applicant:** |  |
| **Title:** |  |
| **Program/Dept. Name:**  **(if applicable)** |  |
| **If Approved – funds payable to:** |  |
| **Phone:** |  |
| **Email:** |  |
| **Address:** |  |
| **Primary Contact Person:** |  |
| **Position of Primary Contact:** |  |
| **Secondary Contact:** |  |
| **Supporting BCR#: (for band program proposals)** |  |

**INFORMATION ABOUT GROUP**

Groups defined as a group of two or more members of Chippewas of Nawash Unceded First Nation offering a program or activity which benefits members of Chippewas of Nawash Unceded First Nation.

|  |  |
| --- | --- |
| **Name of group/organization** |  |
| **How many years has your group/organization been in existence?** |  |
| **Do you or others involved have experience in organizing activities? If yes, please describe** |  |

**Signature of Applicant (Supervisor if Band Program) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For Office Use Only:**

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

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

**PROJECT INFORMATION**

1. **Briefly describe your project in 200 words or less. The purpose of this question is for the applicant(s) to be as clear as possible.** (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?)

**PROJECT NAME:**

1. **Goals, Impact and Outcomes**
2. **As a result of the project, what is the long-term benefit for our community?** With an increasing number of applications, the greatest benefit and outcomes will be reviewed.
3. **What are the outcomes of the project and how will these outcomes 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).
4. **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, financial – who will manage the funds?).**
5. **Project Team Members (include letters of support from team members):**

|  |  |
| --- | --- |
| **Name:** | **Role on Team:** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

1. **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

**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.

1. **Please check the number of the 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

**Check ONLY the ones that apply, can be multiple:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Group of band members |  | Children ages 0-17 |
|  | Percentage of Nawash members |  | Young Adults ages 18-35 |
|  | Off-Reserve |  | Adults ages 35-60 |
|  | On-Reserve |  | Seniors 60 + |
|  | Disabled |  | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **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

1. **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

1. **If this project (or another project previously funded as per question, 8) 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?**

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

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

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

1. **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

**Please complete Form A ($5,000 and less) or Form B ($5,001 and over) as applicable.**

**FORM A – BUDGET – $5,000 and less**

**NOTE: Payroll, salaries and benefits are not eligible expenses.**

Please list all project costs by line items, if more space is needed please provide additional page(s). Quotes for budget items can be attached to application.

|  |  |
| --- | --- |
| **Project Cost Description** | **Amount $** |
|  | **$** |
|  | **$** |
|  | **$** |
| **Total Costs** | **$** |
| **Minus: Other Income Sources Received (if applicable)** | **$** |
| **Sub-Total** | **$** |
| **Total Request from ENNET** | **$** |

**OR**

**FORM B – BUDGET and EXPENSE WORKSHEET – $5,001 and over**

**NOTE: Payroll, Salaries and Benefits are not eligible expenses.**

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 ($)** |
| --- | --- |
|  | **$** |
|  | **$** |
|  | **$** |
| 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.

**ACKNOWLEDGEMENT**

Detail how your organization will acknowledge the Trust for contributions made to your project.

**CHECK LIST**

**REQUIRED DOCUMENTS CHECKLIST:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Complete Application |  | Proof of funds (contribution or matching) |
|  | Copy of Status Card(s) (not expired) |  | Complete budget |
|  | Letter from Membership (if status card expired) |  | Consent & Declaration form signed |
|  | Copy of 2nd photo ID (signature required) |  | Proof of recognized group (letter from Chief & Council) |

The following checklist is to assist you to ensure you have fulfilled all requirements of the application.

**SUGGESTED DOCUMENTS CHECKLIST:**

The following checklist is a list of suggested documents that will support your application. Applications are valued based on content and not necessarily the quality of the scope of project.

|  |  |
| --- | --- |
|  | Letter(s) of support |
|  | Letter(s) of denial of funding |
|  | Quote(s) from vendor(s) |

**DISCLOSURE**

The statements herein and attachments hereto reflect an accurate description and estimated costs regarding the intended use of trust funds. By signing below, you consent to the following:

I (we) certify that I (we) am (are) a member(s) of the Chippewas of the Nawash Unceded First Nation and have provided verification with application.

I (we) give consent to the Trust for my project information and any pictures for the purpose of publication through newsletter, website or social media platforms. 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.**

I (we) declare that all information provided is truthful to the best of my (our) knowledge and that I (we) have disclosed all other sources of funding procured at any time during the process up to date of completion should my (our) project be selected AND that all funds will be used for the sole purpose of this project as outlined in the budget.

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

Primary Applicant Signature Date

Submit Application To:

ENNET Trust – Chippewas of Nawash

Glen Del Bel and Angela Spano, Corporate Trustee

c/o Scotia Wealth Management

44 Collier Street, 2nd floor, Barrie, Ontario, Canada L4M 1G6

Phone: 1-705-726-4142

Fax: 1-705-726-1283

Email: [glen.delbel@scotiawealth.com](mailto:glen.delbel@scotiawealth.com)

Email: [angela.spano@scotiawealth.com](mailto:angela.spano@scotiawealth.com)