

PEGUIS FIRST NATION SURRENDER CLAIM TRUST

APPLICATION FORM For Projects over \$5,000



Revised November 2019

Application Form:

Applicant's Name

Peguis Band Department (if applicable)

Position

Address

City

Province

Postal Code

Telephone

Email

Peguis Band Number (copy of Status card)

Project Information:

Project Title: _____

Project Description: _____

Letter of Support from Departmental Board of Directors (if applicable): _____

Project Start Date: _____

Estimated Completion Date: _____

Location of Project: _____

Confirmation of Land Required: On Reserve _____ or Off Reserve _____.

Project Workplan & Monitoring template:

Project Title:			
Goals:			
1.			
2.			
3.			
4.			
Objectives	Deliverables (briefly describe)	Time Frame (how long)	Cost \$

Clientele Served: ____ On-Reserve ____ Off-Reserve

Based on Trust Agreement, which criteria does the project meet:

- ____ (i) Provision of Supplementary or enhanced health care related services;
- ____ (ii) Enhance or promote educational opportunities;
- ____ (iii) Support assistance to address the special needs of Peguis elders;
- ____ (iv) Community development and improvement initiative including infrastructure, equipment or enhancement of recreation facilities;
- ____ (v) Preservation of the language and cultural heritage;
- ____ (vi) Treaty Days, Pow-Wow and Community Gatherings;
- ____ (vii) Acquire, establish or build a credit union or trust company;
- ____ (viii) Housing;
- ____ (ix) Promote or establish businesses or commercial operations beneficial to the members;
- ____ (x) To protect, preserve and advance the aboriginal and treaty rights of the beneficiary and its members.

Feasibility Study, Needs Analysis Research, Market Research:

How will the community benefit from the project?

How many people will be employed with the Project: Full-time or Part-time.

Project Team:

Team Member	Position	Roles & Responsibility	Signing Authority

Financial Requirements:

Total Amount of Funding Requested: \$ _____

Budget Worksheet Template example:

	Projections - Operating			
	Start Up	Year 1	Year 2	Year 3
Revenues:				
SCT Grant				
TLE Grant				
FPEGF				
Other & Equity				
Sales Revenues	XXXXXX			
Total Revenues:				
Expenses:				
Start Up Costs:				
Equipment				
Land & Building				
Inventory				
Construction				
Prof Services				
Total Start-Up Costs				
Operating Costs:				
Rent				
Salaries & Benefits				
Admin costs				
Supplies				
Transportation				
Utilities				
Insurance				
Bank Charges				
Total Operating Expenses				
TOTAL PROJECT COSTS				

*Include **quotes** for all Budget items, including supplier name & costs.

Do you or your Dept have any outstanding reports on previously funded projects, as it may affect your funding? _____

Declaration & Consent:

I confirm and declare that the information contained in this application is true, accurate and complete. I understand that, in the event, any of the above information is found to be materially untrue or inaccurate, that my application will not be considered by the Community Fund Trustees. I understand that all information on this application is subject to verification. I agree to provide a criminal history, drug test and credit history check, if requested. I also agree that you may contact references, if requested. I hereby authorize and consent to the release of information and for the purposes of Freedom of Information and Protection of Privacy Act, I authorize and consent to the use by or the disclosure to Surrender Claim Trust of any personal information that is collected for the purposes of processing this application and explaining Community Fund Trustee and Peguis First Nation Council decisions to the Members of Peguis First Nation.

Date

Signature

Applicant Name

Checklist:

- ___ Copy of Status Card & Other Government Issued Identification
- ___ Letter of Support from Department Board of Directors
- ___ Feasibility Study, Needs Analysis or Marketing Plan
- ___ Budget & Workplan
- ___ Quotes for Equipment & Supplies
- ___ Sign & Date Application