



AKWESASNE COMMUNITY FUND CALL OUT FOR FUNDING APPLICATIONS

The Akwesasne Community Fund Review Team, on behalf of the Mohawk Council of Akwesasne (MCA), is pleased to announce that applications to receive funding from the **Akwesasne Community Fund** are now available.

Council has set aside a portion of the revenue received from the Ontario Lottery and Gaming Corporation to support various initiatives that might not otherwise receive government funding. The funding that's been set aside is referred to as the Akwesasne Community Fund.

A total of \$150,000 is available for distribution in the 2017-18 fiscal year.

For applicants to be considered eligible, the following criteria apply:

- Must be established and/or operate in the northern portion of Akwesasne, with proof of a physical address within the jurisdiction of the Mohawk Council of Akwesasne;
- Must be community-based and not for profit;
- Must not have an outstanding report or other obligation from any previous Akwesasne Community Fund call out;
- Must have two contact persons for an application—the applicant and both contact persons must be in Good Standing with MCA;
- Proof of an established Canadian bank account in the applicants name must be provided.

Akwesasne Community Fund guidelines and application forms may be picked up at MCA Administration Building 1 (the “A-frame”), which is located at 12 Akwesasne Street in the District of Kana:takon. These documents are also available on MCA’s website at www.akwesasne.ca and can be easily found by typing ‘Akwesasne Community Fund’ into the search bar.

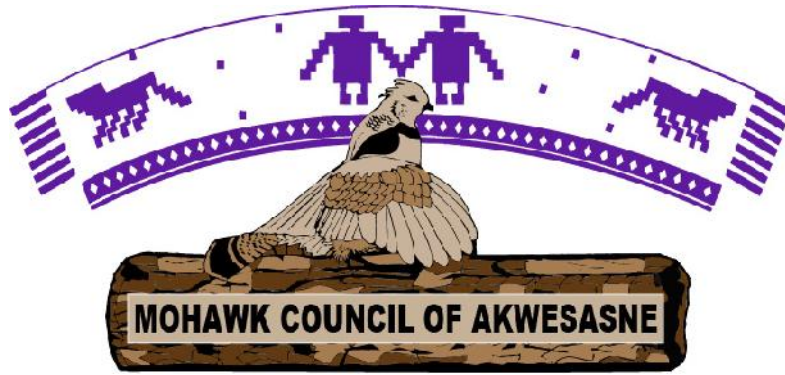
FURTHER INFORMATION

For further information concerning the Akwesasne Community Fund guidelines, criteria, or application form do not hesitate to contact:

Kristy Lauzon—Special Projects Officer
MCA Administration 1 Building
12 Akwesasne Street
Akwesasne, Quebec H0M 1A0
613-575-2250 ext. 2121
kristy.lauzon@akwesasne.ca

DEADLINE

Applications must be hand delivered to location indicated above on or before the strict deadline of **Monday, July 3, 2017 at 2:00 pm. Late submissions will not be accepted. NO EXCEPTIONS will be made!**



2017/18
AKWESASNE COMMUNITY FUND
APPLICATION GUIDELINES

MAY 29, 2017

OVERVIEW

The Akwesasne Community Fund was established by Council and is intended to support community based **not for profit** applicants within the jurisdiction of the Mohawk Council of Akwesasne (MCA).

Funding for the Akwesasne Community Fund is derived from our community's overall share of Ontario Lottery and Gaming Corporation (OLGC) revenue. This revenue is provided to all First Nations in Ontario in accordance with a Gaming Revenue Sharing and Financial Agreement whose objective is to advance the growth and capacity of First Nations in Ontario with respect to community development, health, education, economic development, and cultural development.

Council has set aside a portion of the revenue received to be distributed to the community to support various initiatives that might not otherwise receive government funding.

The Akwesasne Community Fund is designed to provide funding **only once per callout/per year and is not to be considered as a commitment to repetitive, ongoing, or permanent funding to be relied upon by any applicant.**

The concept of an Akwesasne Community Fund Review Team was established by Council to include representation from each of the three districts under the jurisdiction of MCA with the responsibility to establish and regularly update the eligibility criteria, guidelines, and application form for funding consideration; conduct a community callout for applications; review applications; make decisions to approve or deny applications; and determine how much funding to allocate to approved applicants.

The Akwesasne Community Fund Review Team has established strict guidelines, criteria, and an application form that must be utilized and adhered to in order to be deemed eligible for funding from the Akwesasne Community Fund.

ELIGIBILITY CRITERIA

1. Applicants must be established and/or operate in the northern portion of Akwesasne under the jurisdiction of the MCA.
2. Applicants must have a physical address within the territory of Akwesasne under the jurisdiction of the MCA and **must supply proof of address** (ie: phone bill, electric bill, bank statement) in the applicant's name.
3. Only community-based **not for profit** applicants may apply for funding from the Akwesasne Community Fund. For clarification, **not for profit** applicants are those whose purpose is to achieve their goals and any funds raised or secured are used solely for that purpose and not to make a profit. These applicants are eligible to apply. **For profit** applicants are those whose motive is to generate revenue (a profit) for their own benefit. These applicants are not eligible to apply.

4. Applications submitted by individuals may be considered by the Review Team provided that the funding is not to be used for education or other tuition.
5. The Kawehno:ke, Tsi Snaihne, and St. Regis Recreation Center Committees; the Tri-District Elders; the Snye Homemakers; the Winter Carnival Committee; the Akwesasne Museum; and the Pow Wow Committee are **not eligible** to apply to because the MCA provides support to them separate from this fund.
6. MCA departments, programs, and services are **not eligible** to apply.
7. Applicants who have an outstanding report or other obligation from any previous Akwesasne Community Fund call out are **not eligible** to apply.
8. **Only one (1) application** may be submitted by each applicant per callout/per year.
9. The MCA's *Good Standing Policy* applies. Any application **with an applicant or contact person who is deemed to be not in good standing by any program or department of MCA** (i.e. have outstanding amounts owing to the MCA) **will not be eligible** for funding consideration. Contact persons **must each sign and submit separate standing confirmation forms, one as an individual and a second if the application is being submitted for a team/group** (both forms are attached to the application form) to allow current standings with MCA to be confirmed.
10. Applicants **must provide proof of an established Canadian bank account** in order to be considered for funding.
11. **All required application information must be included for the application to be considered.**

RESTRICTIONS

12. This fund is not an entitlement. Applications will be screened and vetted by the Akwesasne Community Review Team. If **information or supporting documentation is missing** and/or not provided with the application at the time of submission, the application will not be considered by the Review Team.
13. An applicant may receive funding **only once per callout/per year**. The Akwesasne Community Fund is **not to be considered as a commitment to repetitive, ongoing, or permanent funding**.
14. The proposed activity/purpose of funding **must have a set time frame, including a start date and an end date**.
15. The proposed activity/purpose of funding **must take place between the dates of June 1, 2017 and March 31, 2018** to be considered for funding.
16. Funding **cannot be used to cover salaries or fees** for any individual to be employed or otherwise engaged.

17. Funding **cannot be used for any capital expenses**. For clarification, capital expenses are considered to be:
 - a) construction and/or renovation work; or
 - b) the purchase of any equipment or property exceeding \$1,000.00
18. **Applications for sports teams will only be considered if submitted at the highest organizational level possible**. These applications should be submitted by associations rather than individual teams. Applications from sports teams will only be considered when no such association exists.
19. There is **no guarantee of future funding callouts** for the Akwesasne Community Fund. **Funding is not to be relied upon by any applicant**.
20. **Decisions of the Akwesasne Community Fund Review Team are final**.

APPLICATION SUBMISSIONS

21. Requests for funding from the Akwesasne Community Fund **must be submitted using the prescribed application form**, ensuring that all questions are answered, all areas are filled out, and all supporting documentation is attached.
Note: Applications submitted become the property of the Review Team and the MCA.
22. Applicants must ensure that their application package includes a cover letter containing the names, addresses, phone numbers, e-mail addresses, and fax numbers (if applicable) of **at least two contact persons**.
23. The **contact persons must both sign**:
 - the cover letter;
 - the application form;
 - the Declaration form (initials required as well); and
 - separate good standing confirmation forms, **one as an individual and a second if the application is being submitted for a team/group**.
24. Applications **must include the following information**:
 - a. Complete background information about the applicant (such as who you are, what you do, past activities undertaken, community involvement, etc.);
 - b. A full explanation of the activities you expect to perform with any funding received, including start and end dates, responsible parties, expected outcomes, status, and comments by filling out an action plan;
 - c. A description of the benefits to the community that will likely be realized if funding is provided (such as how many Akwesasronon will benefit from your activities, what are the different ways Akwesasronon will benefit, are there any potential linkages that can be established and/or networking that can take place with community organizations/groups);

- d. Financial accountability through an itemized proposed budget **with quotes attached**. In addition, the revenues that you expect to receive (other than the Community Fund) must be included as well as their sources. Revenues that should be included are any fees, donations, and/or grants (applied for or received) and a description of what fundraising efforts are being made; and
 - e. A list of signing officers on the bank account
25. Applications must be hand delivered to the location indicated below on or before the strict deadline of **Monday, July 3, 2017 at 2:00 pm**:

Akwesasne Community Fund Review Team

Attention: Kristy Lauzon, Special Projects Officer
MCA Administration 1 Building
12 Akwesasne Street
Akwesasne, Quebec H0M 1A0

26. **Late application submissions will not be accepted.
No exceptions will be made!**

APPROVED APPLICATIONS

27. **Both contact persons for approved applications are required to sign a formal undertaking** to acknowledge and accept the following conditions before receiving any funds:
- a) that funds will only be used for the purpose described in the application;
 - b) that the Akwesasne Community Fund will be acknowledged as having provided funds for the activity/purpose of funding (i.e. **“This _____ was made possible through funding received from the Akwesasne Community Fund”** [fill in the blank with your activity/purpose of funding]);
 - c) that the contact persons will notify the Review Team if their circumstances change with regard to the purpose described in the application;
 - d) that if the funding is not used for the purpose described in the application or has been unspent or unused, the contact persons may be responsible to refund up to the entire amount allocated to them, back to the Akwesasne Review Team, for redistribution to approved applicants from the same callout;
 - e) that the required final report will be submitted within 60 days following the completion date supplied in the application; and
 - f) that MCA may publish information related to successful applicants (i.e. applicant name and amount received).
28. Approved funds will be distributed as follows:
- Ninety percent (90%) of the total amount approved will be provided immediately after the undertaking is signed;
 - Ten percent (10%) of the total amount approved will be held back until the final report has been reviewed and processed.

RECIPIENT RESPONSIBILITIES

29. Where approved funding has not been used for the purposes described in the application or has been unspent or unused, the **contact persons may be required to refund up to the entire amount allocated to them**, back to the Akwesasne Review Team, for redistribution to approved applicants from the same callout.
30. Where the applicant encounters difficulties in proceeding with the proposed activity/purpose of funding or if circumstances change with regard to the purpose described in the application, the applicant must **immediately inform the Review Team** of the situation so that the Review Team can determine whether the approved funding can be used or if funds need to be refunded to MCA. The applicant must secure the Review Team's approval for any changes before spending any further funds.
31. Approved applicants are required to submit a **final report** on activities and expenditures **within 60 days following the completion date supplied in the application**. The final report must be submitted by filling out an **Akwesasne Community Fund Report (attached)**.
32. The final report must include a narrative summary of the activities completed, number of Akwesasronon who benefitted, linkages established, networking that took place, goals and objectives met, any issues encountered and how they were handled, how activities might be better handled in the future, a summary of expenses covered by funds received from the Akwesasne Community Fund, and an evaluation of the overall results.
33. The financial portion of the final report must be accompanied by clear and legible copies of all original receipts, invoices, bills, statements, etc.

FURTHER INFORMATION

For further information concerning the Akwesasne Community Fund guidelines, criteria, or application form do not hesitate to contact:

Kristy Lauzon—Special Projects Officer
MCA Administration 1 Building
12 Akwesasne Street
Akwesasne, Quebec H0M 1A0
613-575-2250 ext. 2121
kristy.lauzon@akwesasne.ca



AKWESASNE COMMUNITY FUND APPLICATION

APPLICANT NAME:

(Group/Team/Individual) _____

Address:

Phone #:

****MUST ATTACH PROOF OF APPLICANT ADDRESS****

CONTACT PERSON #1:

Address:

Phone #:

E-mail address:

CONTACT PERSON #2:

Address:

Phone #:

E-mail address:

1. Please provide complete background information about the applicant below describing who you are, what you do, past activities undertaken, community involvement, etc.; (*Attach additional sheet if needed.*) In addition to providing an answer below, **sports associations must also fill out a Sports Association Form (attached)**.

2. Please provide a general explanation of the purpose for funding being requested and the proposed activities you expect to perform with any funding received:

3. **Please provide a detailed description including activities, tasks, responsible parties, start dates, end dates, outcomes, status, and comments by FILLING OUT AN ACTION PLAN (attached).**

4. Please provide an overall start date and an end date for your funding purpose below:
NOTE: Proposed activity/purpose of funding must take place between June 1, 2017 and March 31, 2018.

Start date: _____ End date: _____

5. What is the total amount of funding being requested? _____

6. **Please provide a detailed description of your expenses by FILLING OUT A PROPOSED BUDGET (attached) and attach quotes to it.**

7. Where will your activities mainly be taking place/purpose be mainly carried out?
Check the appropriate box and fill in the blank where applicable

- Within the three Districts under MCA: _____ District (name)
- Within Akwesasne outside the three Districts under MCA
- Outside Akwesasne: Where? _____

8. Please answer the following questions to provide a thorough description of the benefits to the community that will likely be realized if funding is provided.

a) How many Akwesasronon will directly benefit from your activities? _____

b) Describe the different ways Akwesasronon will benefit:

9. Are you currently associated with or have an existing relationship with any groups or organizations operating within Akwesasne? YES NO

a) If you answered yes, please name those groups/organizations:

10. Do you envision that linkages can be established and/or networking can take place with any groups or organizations operating within Akwesasne as a result of receiving funding?

YES NO

a) If you answered yes, please explain:

11. Do you envision that ongoing activities will result from any funding received? YES NO
Please explain your answer:

12. How do you plan to evaluate the success of your activities/fulfillment of purpose stated?

13. Which **Canadian financial institution** do you bank with?

a) How long have you had this bank account? _____

b) **Please ATTACH PROOF OF YOUR BANK ACCOUNT with this financial institution** to your completed application.

14. Please provide a list of signing officers for the bank account:

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

15. Have you applied for any other funding assistance? YES NO
(Demonstrates the overall effort being made.)

a) If you answered yes, please list the funding sources you have applied to:

16. Have you already fundraised or do you plan to fundraise for your activities/purpose?
 YES NO

a) Please explain the fundraising that has occurred and/or describe your fundraising plans, or alternatively, your reasons for not fundraising:

17. **For questions 15 and 16 above, please provide other funding sources (funding assistance received and fundraising activities completed on behalf of the applicant) and the funding amounts that resulted, by including this information in the bottom portion of the PROPOSED BUDGET (attached).**

18. **Contact persons must each sign and submit separate standing confirmation forms. Each contact person must fill one out as an individual and a separate one is to be filled out if the application is being submitted for a team/group to allow current standings with MCA to be confirmed (attached).**

DECLARATIONS

This application form must be initialed and signed by both contact persons.

INITIALS

I/We agree to provide all documentation deemed necessary, as required and requested.

I/We agree that if our application is approved, I/we will meet the reporting requirements as outlined in the guidelines and understand that failure to meet these requirements will negatively affect our eligibility for future applications to be considered.

I/We confirm that the information contained in this application and its accompanying documents is true, accurate, and complete.

I/We agree that funding is only to be used for the purpose described in the application and that if funding is not used for the purpose described or has been unspent or unused, we may be responsible to refund up to the entire amount allocated to us, back to the Akwesasne Review Team, for redistribution to approved applicants from the same callout.

I/We agree that should our circumstances change with regard to the purpose described in this application, we are responsible to inform the Review Team.

I/We understand that this funding is not an entitlement, is available to applicants only once per callout/per year, and is not to be relied upon by any applicant.

Contact Person #1

Contact Person #2

| | |
|-------------------|-------------------|
| NAME: | NAME: |
| SIGNATURE: | SIGNATURE: |
| DATE: | DATE: |

ACTION PLAN

| APPLICANT: | | | | | |
|--|--|---|---|--|------------------------------|
| FUNDING PURPOSE: | | | | | |
| Activity/Task <i>What activities are needed to fulfill your purpose?</i> | Responsibility <i>Who is responsible to carry out the activity/task?</i> | Start Date <i>For each activity</i> | End Date <i>For each activity</i> | Outcome <i>What is the desired result?</i> | Status & Comments |
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PROPOSED BUDGET

| | |
|-------------------------|--|
| APPLICANT: | |
| FUNDING PURPOSE: | |

| EXPENSES (Use line items provided and/or insert your own) | AMOUNT |
|--|--------|
| Advertising | |
| Rental & Maintenance | |
| Equipment & Maintenance | |
| Travel | |
| Materials & Supplies | |
| Other | |
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NOTE: QUOTES MUST BE ATTACHED

TOTAL EXPENSES (A):

| OTHER FUNDING SOURCES (Funding assistance received AND fundraising activities completed) | AMOUNT |
|---|--------|
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TOTAL OTHER FUNDING (B):

TOTAL EXPENSES (A) subtract – TOTAL OTHER FUNDING (B) =

TOTAL AMOUNT REQUESTED IN APPLICATION:

SPORTS ASSOCIATION

ASSOCIATION NAME:

TOTAL NUMBER OF LEVELS:

TOTAL NUMBER OF TEAMS:

LIST OF TEAMS IN ASSOCIATION

| LEVEL | TEAM NAME | NAME of COACH(ES) | # OF PLAYERS |
|-------|-----------|-------------------|--------------|
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TOTAL ESTIMATED NUMBER OF PLAYERS:

MOHAWK COUNCIL OF AKWESASNE CONFIRMATION OF MCA ACCOUNTS CURRENT AND IN GOOD STANDING

Please check if you have any of the following accounts and specify if your account is current and in good standing:

| <u>DEPARTMENTS, PROGRAMS, AND SERVICES</u> | ✓ Yes | ✓ No | Current and in Good Standing Yes, No, or N/A |
|---|--------------------------|--------------------------|---|
| AHKWESÁHSNE MOHAWK BOARD OF EDUCATION | | | |
| ▪ Hot Lunch Program | <input type="checkbox"/> | <input type="checkbox"/> | <input style="width: 80px; height: 15px;" type="text"/> |
| AKWESASNE MOHAWK COURT | | | |
| ▪ Mohawk Court Fines | <input type="checkbox"/> | <input type="checkbox"/> | <input style="width: 80px; height: 15px;" type="text"/> |
| ▪ Mohawk Court Ordered Payments | <input type="checkbox"/> | <input type="checkbox"/> | <input style="width: 80px; height: 15px;" type="text"/> |
| DEPARTMENT OF CENTRAL RESOURCES SERVICES | | | |
| COMPUTER SERVICES | | | |
| ▪ Employee Purchase Plan | <input type="checkbox"/> | <input type="checkbox"/> | <input style="width: 80px; height: 15px;" type="text"/> |
| DEPARTMENT OF ECONOMIC DEVELOPMENT | | | |
| ▪ Peace Tree Trade Centre Rent | <input type="checkbox"/> | <input type="checkbox"/> | <input style="width: 80px; height: 15px;" type="text"/> |
| ▪ Stanley Island Cabin Rent | <input type="checkbox"/> | <input type="checkbox"/> | <input style="width: 80px; height: 15px;" type="text"/> |
| ▪ Other Rental Unit | <input type="checkbox"/> | <input type="checkbox"/> | <input style="width: 80px; height: 15px;" type="text"/> |
| ▪ Non-compliance of Economic Development Programs | <input type="checkbox"/> | <input type="checkbox"/> | <input style="width: 80px; height: 15px;" type="text"/> |
| DEPARTMENT OF FINANCE | | | |
| ▪ Consultants | <input type="checkbox"/> | <input type="checkbox"/> | <input style="width: 80px; height: 15px;" type="text"/> |
| ▪ Other Loans | <input type="checkbox"/> | <input type="checkbox"/> | <input style="width: 80px; height: 15px;" type="text"/> |
| DEPARTMENT OF HOUSING | | | |
| ▪ Housing Loans (House, Cap, Renovation, Emergency, Well & Septic, Upgrade) | <input type="checkbox"/> | <input type="checkbox"/> | <input style="width: 80px; height: 15px;" type="text"/> |
| ▪ Rental Units | <input type="checkbox"/> | <input type="checkbox"/> | <input style="width: 80px; height: 15px;" type="text"/> |
| ▪ Rent to Own Homes | <input type="checkbox"/> | <input type="checkbox"/> | <input style="width: 80px; height: 15px;" type="text"/> |
| ▪ Bank Mortgages that are guaranteed by Mohawk Council | <input type="checkbox"/> | <input type="checkbox"/> | <input style="width: 80px; height: 15px;" type="text"/> |
| DEPARTMENT OF COMMUNITY AND SOCIAL SERVICES | | | |
| ▪ Day Care Program | <input type="checkbox"/> | <input type="checkbox"/> | <input style="width: 80px; height: 15px;" type="text"/> |
| DEPARTMENT OF TECHNICAL SERVICES | | | |
| ▪ Contract for Services such as Construction, Snow Removal | <input type="checkbox"/> | <input type="checkbox"/> | <input style="width: 80px; height: 15px;" type="text"/> |

The undersigned applicant hereby declares the information given on this application is true and is aware it is subject to verification.

The undersigned applicant understands and gives irrevocable authority to the above identified department, programs or services to release any and all information pertaining to me, that you may release the information to Executive Services to verify that all accounts identified above are current and in good standing with determining my financial eligibility and evaluating programs offered by the Mohawk Council of Akwesasne.

In so doing, I the undersigned furthermore release you from all manner of actions, cause of actions, or any other form of relief that may accrue to me, my heirs, executors, administrators or assigns as a result of the release of such information.

I/we also understand by making a false claim my/our application may be denied.

Signed in the presence of a witness this:

Date

Applicants Signature

Date

Applicants Signature

Date

Witness Signature

MOHAWK COUNCIL OF AKWESASNE CONFIRMATION OF MCA ACCOUNTS CURRENT AND IN GOOD STANDING

Please check if you have any of the following accounts and specify if your account is current and in good standing:

| <u>DEPARTMENTS, PROGRAMS, AND SERVICES</u> | ✓ Yes | ✓ No | Current and in Good Standing Yes, No, or N/A |
|---|--------------------------|--------------------------|---|
| AHKWESÁHSNE MOHAWK BOARD OF EDUCATION | | | |
| ▪ Hot Lunch Program | <input type="checkbox"/> | <input type="checkbox"/> | <input style="width: 80px; height: 15px;" type="text"/> |
| AKWESASNE MOHAWK COURT | | | |
| ▪ Mohawk Court Fines | <input type="checkbox"/> | <input type="checkbox"/> | <input style="width: 80px; height: 15px;" type="text"/> |
| ▪ Mohawk Court Ordered Payments | <input type="checkbox"/> | <input type="checkbox"/> | <input style="width: 80px; height: 15px;" type="text"/> |
| DEPARTMENT OF CENTRAL RESOURCES SERVICES | | | |
| COMPUTER SERVICES | | | |
| ▪ Employee Purchase Plan | <input type="checkbox"/> | <input type="checkbox"/> | <input style="width: 80px; height: 15px;" type="text"/> |
| DEPARTMENT OF ECONOMIC DEVELOPMENT | | | |
| ▪ Peace Tree Trade Centre Rent | <input type="checkbox"/> | <input type="checkbox"/> | <input style="width: 80px; height: 15px;" type="text"/> |
| ▪ Stanley Island Cabin Rent | <input type="checkbox"/> | <input type="checkbox"/> | <input style="width: 80px; height: 15px;" type="text"/> |
| ▪ Other Rental Unit | <input type="checkbox"/> | <input type="checkbox"/> | <input style="width: 80px; height: 15px;" type="text"/> |
| ▪ Non-compliance of Economic Development Programs | <input type="checkbox"/> | <input type="checkbox"/> | <input style="width: 80px; height: 15px;" type="text"/> |
| DEPARTMENT OF FINANCE | | | |
| ▪ Consultants | <input type="checkbox"/> | <input type="checkbox"/> | <input style="width: 80px; height: 15px;" type="text"/> |
| ▪ Other Loans | <input type="checkbox"/> | <input type="checkbox"/> | <input style="width: 80px; height: 15px;" type="text"/> |
| DEPARTMENT OF HOUSING | | | |
| ▪ Housing Loans (House, Cap, Renovation, Emergency, Well & Septic, Upgrade) | <input type="checkbox"/> | <input type="checkbox"/> | <input style="width: 80px; height: 15px;" type="text"/> |
| ▪ Rental Units | <input type="checkbox"/> | <input type="checkbox"/> | <input style="width: 80px; height: 15px;" type="text"/> |
| ▪ Rent to Own Homes | <input type="checkbox"/> | <input type="checkbox"/> | <input style="width: 80px; height: 15px;" type="text"/> |
| ▪ Bank Mortgages that are guaranteed by Mohawk Council | <input type="checkbox"/> | <input type="checkbox"/> | <input style="width: 80px; height: 15px;" type="text"/> |
| DEPARTMENT OF COMMUNITY AND SOCIAL SERVICES | | | |
| ▪ Day Care Program | <input type="checkbox"/> | <input type="checkbox"/> | <input style="width: 80px; height: 15px;" type="text"/> |
| DEPARTMENT OF TECHNICAL SERVICES | | | |
| ▪ Contract for Services such as Construction, Snow Removal | <input type="checkbox"/> | <input type="checkbox"/> | <input style="width: 80px; height: 15px;" type="text"/> |

The undersigned applicant hereby declares the information given on this application is true and is aware it is subject to verification.

The undersigned applicant understands and gives irrevocable authority to the above identified department, programs or services to release any and all information pertaining to me, that you may release the information to Executive Services to verify that all accounts identified above are current and in good standing with determining my financial eligibility and evaluating programs offered by the Mohawk Council of Akwesasne.

In so doing, I the undersigned furthermore release you from all manner of actions, cause of actions, or any other form of relief that may accrue to me, my heirs, executors, administrators or assigns as a result of the release of such information.

I/we also understand by making a false claim my/our application may be denied.

Signed in the presence of a witness this:

Date

Applicants Signature

Date

Applicants Signature

Date

Witness Signature



**STANDING CONFIRMATION
For GROUPS/TEAMS**

The following programs and services will be contacted to confirm the standing of the group/team named below to determine their eligibility to benefit from the Akwesasne Community Fund.

GROUP/TEAM NAME: _____

| <i>FOR INTERNAL USE ONLY</i> | | |
|--|--------------------------|-----------------------------|
| PROGRAMS AND SERVICES | IN GOOD STANDING | NOT IN GOOD STANDING |
| A'nowara'ko:wa Arena Rental | <input type="checkbox"/> | <input type="checkbox"/> |
| Compliance with Akwesasne Community Fund Requirements | <input type="checkbox"/> | <input type="checkbox"/> |

CONSENT TO CONFIRM STANDING

As the group/team contact person, I hereby authorize and give consent to an authorized representative of the Executive Services Department to request and obtain the group/team's standing from the MCA programs and services listed above.

As the group/team contact person, I consent to give irrevocable authority to personnel of the programs and services listed above to release information regarding the group/team's standing with their particular programs and services. The information to be released will consist of either 'In Good Standing' or 'Not in Good Standing'.

It is understood that the confirmations, once obtained, will be used in the determination of the group/team's eligibility to receive funding from the Akwesasne Community Fund.

It is understood that groups/teams who are deemed to be 'Not In Good Standing' will be encouraged to contact the program or service that provided a 'Not In Good Standing' confirmation to find out what is required to get into good standing with that program or service.

Contact Person #1

Contact Person #2

| | |
|-------------------|-------------------|
| NAME: | NAME: |
| SIGNATURE: | SIGNATURE: |
| DATE: | DATE: |



AKWESASNE COMMUNITY FUND CHECKLIST FOR APPLICANTS

This checklist is provided to assist applicants in ensuring their submission package is complete. If information or supporting documentation is missing and/or not provided with the application at the time of submission, the application will be denied.

- Cover letter included
- Prescribed application form used
- All application questions answered and areas filled out
- Proof of applicant address attached
- For Sports Associations only*: Sports Association Form filled out and attached
- Action Plan filled out and attached
- Proof of Canadian bank account attached
- Proposed budget filled out and attached with quotes
- Standing Confirmation forms filled out, signed, and attached
- Declaration initialed and signed by both contact persons
- Submitted by deadline of **Monday, July 3, 2017 at 2:00 pm**

FURTHER INFORMATION

For further information concerning the Akwesasne Community Fund guidelines, criteria, or application form do not hesitate to contact:

Kristy Lauzon—Special Projects Officer
MCA Administration 1 Building
12 Akwesasne Street
Akwesasne, Quebec H0M 1A0
613-575-2250 ext. 2121
kristy.lauzon@akwesasne.ca