



MOHAWKS OF AKWESASNE
Community Settlement Trust

**2017 Project Funding
Application Form**

**Application Deadline for applications is
Monday March 20, 2017 @ 5:00 p.m.**

PART A – INFORMATION ABOUT ORGANIZATION

ORGANIZATION

Name: _____

Mailing Address: _____

Physical Address: _____

Telephone (Office): _____

Telephone (Cellular): _____

Email: _____

Website: _____

PRIMARY CONTACT PERSON

Name: _____

Band Number: _____

Telephone (Office): _____

Telephone (Cellular): _____

Email: _____

BACK-UP CONTACT PERSON

Name: _____

Band Number: _____

Telephone (Office): _____

Telephone (Cellular): _____

Email: _____

1. What is your organization's mandate and mission?

2. How long has your organization been in existence and in operation?

3. Is your organization a business for profit?

4. How does your organization make decisions and how often do you meet?

5. How many employees do you currently employ? Are they full-time, part-time or contract employees?

6. What target group(s) of the Mohawks of Akwesasne are you currently serving?

PART B – INFORMATION ABOUT YOUR PROJECT

(If more space is required to provide a complete answer, please attach the additional information clearly indicating which question it relates to)

1. Title of your project:

2. Where will this project take place?

3. Amount of funding requested:

4. Other sources of funding:

5. Project Start Date and Project End Date:

6. Brief description of your project:

7. Goals of the project:

8. What results do you expect to achieve over the course of your project?

9. How will your project continue to operate after funding from the Trust is exhausted?

10. Please explain how your project qualifies under the current community priorities being funded.

How does your project help with the promotion and support of health, safety and well-being of members? And/or

How does your project help with the promotion and preservation of the language and cultural heritage?

11. Provide research, such as studies, surveys and questionnaires that have been completed that demonstrate Community support and/or needs of your project, or that assisted in the development of your project. Attach information and provide summary below.

12. How will the Mohawks of Akwesasne benefit from this project?

13. Who will your project service and how many individual community members, organizations and businesses (as applicable) will be served within the project funding timeline?

14. What is your Community communication plan for your project?

15. How will your organization acknowledge the Trust for contributions made to your project?

16. Will your project create employment for Mohawks of Akwesasne Members?

17. Please provide a project work plan

<p>1. Activities: What are the main steps needed to achieve your results?</p>	<p>2. Responsibility: Who will be responsible for each activity (in your organization or a partner organization)?</p>	<p>3. Timeline: When will each task begins and when will you complete?</p>	<p>4. Results: Your itemized list of expected accomplishments.</p>	<p>5. Evaluation Plan: How will you know if your work is successful? How will you evaluate the results of your activities?</p>

PART C – FINANCIAL REQUIREMENTS

1. Has your organization/group completed any fundraising activities?

2. List sources of previous and anticipated funding sources and funding amount(s)

3. Will your project generate income or collect user fees?

4. Describe how accounting records are maintained

5. Describe how you will ensure risks are covered (i.e. insurance requirements)

6. Provide financial statements

7. Project Budget

(For ease of preparation, a template is available in Microsoft Excel for the preparation of a budget. We recommend that you use the Microsoft Excel for the preparation of the budget)

[REPLACE BY TITLE OF PROJECT] - 2017 TRUST BUDGET REQUEST				
EXPENSE CATEGORY	Trust Request	Other Sources	Total Budget	JUSTIFICATION
PERSONNEL				
Salaries			-	
Honoraria				
			-	
TOTAL PERSONNEL	\$ -	\$ -	\$ -	
FRINGE BENEFITS				
Benefits on salaries			-	
			-	
TOTAL FRINGE BENEFITS	\$ -	\$ -	\$ -	
TRAVEL				
			-	
			-	
			-	
			-	
TOTAL TRAVEL	\$ -	\$ -	\$ -	
EQUIPMENT				
			-	
			-	
			-	
			-	
			-	
TOTAL EQUIPMENT	\$ -	\$ -	\$ -	
SUPPLIES				
			-	
			-	
			-	
			-	
			-	
TOTAL SUPPLIES	\$ -	\$ -	\$ -	
OTHER				
			-	
			-	
			-	
			-	
			-	
			-	
			-	
TOTAL OTHER	\$ -	\$ -	\$ -	
TOTAL PROJECT COSTS	\$ -	\$ -	\$ -	

PART D – PROJECT TEAM

Team Member (Name)	Position or title	Roles and responsibilities	Signing Authority (Y/N)

PART E – RELEASE OF INFORMATION

I/We declare that all of the information provided to the Mohawks of Akwesasne Community Settlement Trust in this document and any additional documents attached is true and correct. I/We authorize the Mohawks of Akwesasne Community Settlement Trust to obtain and/or make inquiries as deemed necessary for the evaluation of this application.

I/We authorize any person, corporation, agency or other entities having relevant information or knowledge of this project to release such information to the Mohawks of Akwesasne Community Settlement Trust or their appointed representative.

I/We authorize the Mohawks of Akwesasne Community Settlement Trust to release information or knowledge of this project to any person, corporation agency or other entities requiring such information.

I/We authorize the Mohawks of Akwesasne Community Settlement Trust to disclose and share with the members of the Mohawks of Akwesasne the nature of any projects approved, the amount of funding approved, the principal applicants involved in any approved directions and the status of the project.

Signed, on behalf of the Applicant:

Signing Authority

Signing Authority

PART F – MEMBERSHIP CONFIRMATION

For the individual named as a contact person, **please complete only Part 1 of this form**, including your name and date of birth and submit this form in your application.

Do not submit this form to the Office of Vital Statistics – the Trust will send all Membership Confirmation forms at once to the OVS.

PART 1 - CONTACT PERSON INFORMATION

Name: _____

Date of Birth: _____

Registry Number: _____

I am the identified contact person for a proposal for funding submitted to the Mohawks of Akwesasne Community Settlement Trust. The Trustees will need additional membership information as listed in part 2 before acceptability of proposal can be determined. When complete, please forward this form to the Mohawks of Akwesasne Community Settlement Trust.

Contact Person Signature: _____

PART 2 –STATUS OF MEMBERSHIP

- Member under Akwesasne Membership Code
- Probationary member under the Akwesasne Membership Code
Expiration date of Probation Period: _____
- Not a member under Akwesasne Membership Code

Manager/Membership Officer
Office of Vital Statistics

Date

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Monday March 20, 2017 @ 5:00 p.m.**

Your application can be sent by email in Adobe Acrobat (pdf) format to applications.akwtrust@gmail.com, or by mail as:

**Mohawks of Akwesasne Community Settlement Trust
325 Island Road, Suite 16
Akwesasne, Ontario K6H 5R7**

Applications received after the deadline will be given no further consideration. The Trust will not be responsible for any delays in the delivery of application sent by mail.