

## **MCA DONATION POLICY**

***The Mohawk Council of Akwesasne, as an organization, makes monetary donations to the community of Akwesasne through the Executive Director, who establishes an annual budget for these donations.***

## **REGULATIONS**

- 806.1 Requests for donations must be forwarded to the office of the Executive Director of MCA.
- 806.2 No other department or program within MCA is allowed to make donations to the community other than the Executive Director's office.
- 806.3 To request a donation from the Mohawk Council of Akwesasne the 'Donation Application Form' (attached as Appendix A) must be filled out and submitted to the Executive Director's office.
- 806.4 Individual applicants **must be Members of the Mohawks of Akwesasne and must reside within the Territory of Akwesasne under the jurisdiction of the Mohawk Council of Akwesasne**. Team/Group applications will be considered where a significant number of the participants to benefit from the donation are Members of the Mohawks of Akwesasne and reside within the Territory of Akwesasne under the jurisdiction of the Mohawk Council of Akwesasne. For clarification, a Member is a person who is enrolled on Akwesasne's Membership Roll in accordance with the Akwesasne Membership Code.
- 806.5 The 'MCA Membership Confirmation' (attached as Appendix B) must be filled out and submitted along with the Donation Application Form, in order to confirm the applicant(s) membership status.
- 806.6 The 'Confirmation of MCA Accounts Current and In Good Standing' (attached as Appendix C) must be filled out and submitted along with the Donation Application Form, in order to confirm the applicant(s) standing.
- 806.7 The Donation Application Form, MCA Membership Confirmation, and Confirmation of MCA Accounts Current and In Good Standing must be submitted to the Executive Director's office to the attention of the Special Projects Officer **at least thirty (30) calendar days prior to the date that the donation is needed**. **The only exception to this deadline is a donation request for funeral costs related to the death of a family member.**
- 806.8 The **maximum approval amount for a donation to an individual** as approved by the Special Projects Officer or the Finance Committee is **\$500.00**.
- 806.9 The **maximum approval amount for a donation to a team/group** as approved by the Special Projects Officer or the Finance Committee is **\$1,500.00**.

- 806.10 The maximum approval amount for a donation to a family for costs related to the death of a family member as approved by the Special Projects Officer or the Finance Committee is \$1,500.00.
- 806.11 Donations cannot be used to cover outstanding project bills or deficits. Applications submitted to cover such costs will be denied.
- 806.12 Donations are limited to a maximum of one donation per year, per individual or team/group. The only exception to this limit is a donation to a family for costs related to the death of a family member.
- 806.13 The Special Projects Officer has full discretion on the decision to approve or deny a donation request. In some situations, the Special Projects Officer Executive Director may defer the decision to the Finance Committee, which meets on a monthly basis. If the decision is deferred to the Finance Committee, the decision will be made by a majority of Finance Committee members present.
- 806.14 The Special Projects Officer is responsible for follow-up on the decision to approve or deny a donation request.
- 806.15 Applicants may appeal a decision made by the Special Projects Officer. Appeals of this nature are to be submitted in writing to the attention of the Finance Committee.
- 806.16 Decisions made by the Finance Committee are final. Such decisions include those made on initial donation applications and those made on appeals submitted based on decisions initially made by the Special Projects Officer.



## Donation Application Form

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### **APPLICATION INFORMATION (Complete all parts)**

**Today's Date:** \_\_\_\_\_

**Applicant or Group Name:** \_\_\_\_\_

**Contact Person (for groups/teams):** \_\_\_\_\_

**Applicant's Status Number:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

**Home Phone #:** \_\_\_\_\_ **Cell Phone #:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Amount of Request:** \_\_\_\_\_

**Date when donation is needed:** \_\_\_\_\_

**If approved, issue cheque to:** \_\_\_\_\_

**Please explain, in detail, the purpose of your request and the circumstances and background for the need:** *(If necessary, please attach a separate sheet.)*

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**Please provide the names, status numbers, and addresses of all participants in the group.** If you are applying for a team, please speak to the Special Projects Officer.

Name	Status Number	Address

**Please indicate what the funds will be used for by providing line items and corresponding costs, including a total, below:**

Item	Cost
Total Cost:	

**Please describe any other sources of funding that have been requested/awarded or may be used for this purpose including fundraising and personal monies.**

Other source of funding	Amount
Grand Total:	

**Please describe all the volunteer work that has been completed by the applicant in support of this activity.**

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**Describe how the applicant intends to give back to the Community of Akwesasne.**

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### **Declaration**

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

I understand that funding can only be awarded once a year and I cannot apply again until expiration of the one year period.

I agree that in reviewing this application, Executive Services may consult with other MCA Departments or Programs to confirm information provided and to determine if other sources of support can or should be accessed to assist the applicant.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## MOHAWKS OF AKWESASNE Membership Confirmation

Please fill in the information below. This form will be submitted to the Mohawk Council of Akwesasne, Office of Vital Statistics, in order to confirm the membership status of the individual named below, in accordance with the Akwesasne Membership Code.

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Status Card #: \_\_\_\_\_

**NOTE:** The Office of Vital Statistics is located at the MCA Cornwall Island Administration Building 3 at 101 Tewesateni Road, Akwesasne, Ontario K6H 0G5.

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The Office of Vital Statistics will complete this portion to confirm the membership status of the individual named above, in accordance with the Akwesasne Membership Code.

### Membership Status

Member in accordance with the Akwesasne Membership Code..... ☐

Probationary Member in accordance with the Akwesasne Membership Code..... ☐

Expiration Date of Probation Period: \_\_\_\_\_

Non-member in accordance with the Akwesasne Membership Code..... ☐

\_\_\_\_\_  
DATE

\_\_\_\_\_  
MANAGER/MEMBERSHIP OFFICER  
OFFICE OF VITAL STATISTICS

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

<b>Name:</b>	
<b>Date of Birth:</b>	
<b>Status #:</b>	

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

## DEPARTMENTS, PROGRAMS, AND SERVICES

✓ Yes

✓ No

Current and  
in Good Standing  
Yes, No, or N/A

### AHKWESAHSNE MOHAWK BOARD OF EDUCATION

- Hot Lunch Program

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### AKWESASNE MOHAWK COURT

- Mohawk Court Fines
- Mohawk Court Ordered Payments

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### DEPARTMENT OF CENTRAL RESOURCES SERVICES COMPUTER SERVICES

- Employee Purchase Plan

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### DEPARTMENT OF ECONOMIC DEVELOPMENT

- Peace Tree Trade Centre Rent
- Stanley Island Cabin Rent
- Other Rental Unit
- Non-compliance of Economic Development Programs

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### DEPARTMENT OF FINANCE

- Consultants
- Other Loans

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### DEPARTMENT OF HOUSING

- Housing Loans (House, Cap, Renovation, Emergency, Well & Septic, Upgrade)
- Rental Units
- Rent to Own Homes
- Bank Mortgages that are guaranteed by Mohawk Council

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### DEPARTMENT OF COMMUNITY AND SOCIAL SERVICES

- Day Care Program

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### DEPARTMENT OF TECHNICAL SERVICES

- Contract for Services such as Construction, Snow Removal

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The undersigned applicant hereby declares that 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 departments, programs, and services to release any and all information pertaining to them to Executive Services to verify their standing with the Mohawk Council of Akwesasne as this information is required to determine their eligibility to receive funding offered by the Mohawk Council of Akwesasne.

In so doing, I the undersigned release the Mohawk Council of Akwesasne 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 also understand by making a false claim my application may be denied.

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Date

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Applicant's Signature

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Date

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Witness' Signature