



AKWESASNE COMMUNITY HEALING FUND APPLICATION

APPLICANT NAME: _____

(Not for profit organization, group, sports association, or individual)

Address: _____

Phone #: _____

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

CONTACT PERSON : _____

Address: _____

Phone #: _____

E-mail address: _____

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1. Please provide complete background information about the **applicant** (see page 1) below describing who you are, what you do, past activities undertaken, community involvement, etc.; (*Attach additional sheet if needed.*).

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 November 2022 and November 2023.

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

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 your purpose?

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: _____

DECLARATIONS

*This application form must be **initialed and signed by contact person.***

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 Mohawk Council of Akwesasne, 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, and is not to be relied upon by any applicant.

Contact Person

NAME:
SIGNATURE:
DATE: