



AKWESASNE HEALING & WELLNESS FUND APPLICATION GUIDELINES

Onerahtohkó:wa/May 2025

OVERVIEW

The Akwesasne Healing and Wellness Fund was established by Council and is intended to support community-based **not-for-profit** applicants within the three (3) districts of the Mohawk Council of Akwesasne (MCA). The three (3) districts which include the following Kawehno:ke (Cornwall Island), Kana:takon (St. Regis) and Tsi Snaihne (Snye).

The MCA may allocate dollars for the funds from time to time to support a community call-out. These dollars are designed to assist individuals and families in mitigating risks and providing healing support services to Akwesasronon who are in need of help, recovery and support to become healthy and whole.

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

The concept of an Akwesasne Healing and Wellness Fund Review Committee was established by Council to include representation from the MCA with the responsibility to establish and conduct a community callout for applications, review applications and make recommendations to Council on how much funding to allocate to approved applicants.

The Akwesasne Healing and Wellness Committee established strict guidelines, criteria, and an application form that must be utilized and adhered to be deemed eligible for funding from the Akwesasne Community Healing and Wellness Fund.

ELIGIBILITY CRITERIA

1. Priority will be given to applications from the Northern Portion of Akwesasne.
2. Healing and wellness programs and projects aimed at benefitting the community members of Akwesasne.
3. Applicants must have a physical address within the territory of Akwesasne and must supply proof of address (i.e.: phone bill, electric bill, bank statement) in the applicant's name.
4. Only community-based **not-for-profit** applicants may apply for funding from the Akwesasne Healing and Wellness 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 applications 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.**
5. Applications must have **one contact person, and the contact person must be a member of the Mohawks of Akwesasne and their operations must be located in Akwesasne.**

6. The MCA *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.: having outstanding amounts owing to the MCA) will not be eligible for funding consideration. The contact person **must sign and submit three separate standing confirmation forms, one each as individuals and another in the applicant's name**, to allow current standings with MCA to be verified (three (3) Standing Confirmation forms are attached to the application form; one for the contact person and one for the applicant's name).

Note: to avoid unexpected application denials, it is in the best interest of the applicant to find out whether or not the contact person and the applicant are in Good Standing prior to submitting an application to the Akwesasne Healing and Wellness Fund. Contact the Government Support Manager to do so.

7. Applicants **must provide proof of an established Canadian bank account** to be considered for funding.

8. The proposed activity/purpose of funding **must have a set time frame, including a start date and an end date**. For this callout, the purposed activity/purpose of funding **must take place within one (1) year of the award of funding**.

9. **All required applications information must be included, for the application to be considered.**

RESTRICTIONS

10. This fund is not an entitlement. Applications will be screened and vetted by the Healing and Wellness Committee.

11. MCA departments, programs and services are **not eligible** to apply.

12. **Only one (1) application may be submitted** by any applicant and/or any contact person per callout.

13. Funding cannot be used for any capital expenses. For clarification, capital expenses are considered to be construction and/or renovation work.

14. Any property or equipment purchased by an applicant through funding provided by the Akwesasne Healing and Wellness Fund must remain the property of the applicant, and not become the property of an individual contact person to the application.

15. Applications submitted by individuals may be considered by the Review Committee provided that the funding is not to be used for individual education or other tuition.

16. There is **no guarantee of future funding callouts** for the Akwesasne Healing and Wellness Fund. The Akwesasne Healing and Wellness Fund is **not to be relied upon by any applicant and any approval is not to be considered as a commitment to repetitive, ongoing, or permanent funding**.

17. Decisions of the Healing and Wellness Fund Review Committee are final.

APPLICATION SUBMISSIONS

18. Requests for funding from the Akwesasne Healing and Wellness Fund must be submitted **using the prescribed application form**, ensuring that all questioned are answered, all areas are filled out, and all supporting documentation is attached.

Note: Applications submitted become the property of the Review Committee and the MCA.

19. 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 one contact person**.

20. Contact person must sign:

- The cover letter;
- The application form;
- The Declaration form (initials also required); and
- Separate Good Standing Confirmation forms, **one as individual and a second as the contact person for the applicant.**

21. 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 organization/groups);
- d) Financial accountability through an itemized proposed budget. In addition, the revenues that you expect to receive (other than the Healing and Wellness 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.

22. Applications must be hand-delivered to the location indicated below on the date as established by Mohawk Council Resolution (MCR).

Akwesasne Healing & Wellness Fund Review Committee
Attention: Taylor Armstrong, A/Government Support Manager
MCA Administration 1 Building
12 Akwesasne Street

Akwesasne, Quebec H0M 1A0
613-575-2250 ext. 2163
Email: taylor.armstrong@akwesasne.ca

Submission Deadline: Onerahtohkó:wa/May 27, 2025

23. Late application submissions will not be accepted. ***NO EXCEPTIONS WILL BE MADE.***

RECIPIENT RESPONSIBILITIES

24. Funding may only be used for the purpose described in the application.

25. The Akwesasne Healing and Wellness Fund must be acknowledged as having provided funds for the activity/purpose of funding through the newspaper, radio or social media and proof of this acknowledgement must be provided. **I.e. “This (specify your activity/purpose of funding) was made possible through funding received from the Akwesasne Healing and Wellness Fund”.**

26. 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 Committee** of the situation so that the Review Committee can determine whether the approved funding can be used or if funds need to be returned to the MCA. The applicant must secure the Review Committee’s approval for any changes before spending any further funds.

27. Where approved funding has not been used for the purposes described in the applicant, or has been unspent or unused, the **contact person may be required to refund up to the entire amount allocated to them, back** to the MCA, for redistribution to approved applicants from the same callout.

28. Approved applicants are required to submit a final report on activities and expenditures **within sixty (60) days following the completion date supplied in the application.**

29. The final report must include a narrative summary of the activities completed, the 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 handles in the future, a summary of expenses covered by funds received from the Akwesasne Healing and Wellness Fund, and an evaluation of the overall results.

30. The financial portion of the final report must be accompanied by clear and legible copies of all original receipts, invoices, bills, statements, etc.

31. It must be understood that MCA will publish information related to successful applicants (i.e. applicant name and amount received).

32. The contact person for approved applications is required to sign a formal undertaking to acknowledge and accept the responsibilities listed in this section prior to receiving any approved funds.

APPROVED FUNDS

33. Approved funds will be distributed as follows:

- **Seventy-five percent (75%)** of the total approved will be provided immediately after an undertaking is signed;
- **Twenty-five percent (25%)** of the total amount approved will be held bank until the final report has been reviewed and processed.

FURTHER INFORMATION

For further information concerning the Akwesasne Healing and Wellness Fund guideline, criteria, or application form, please do not hesitate to contact:

Taylor Armstrong, A/Government Support Manager

MCA Administration 1 Building

12 Akwesasne Street

Akwesasne, Quebec H0M 1A0

613-575-2250 ext. 2163

Email: taylor.armstrong@akwesasne.ca



AKWESANE HEALING AND WELLNESS FUND APPLICATION

APPLICANT NAME: _____
(not for profit, organization, group, or individual)

ADDRESS: _____

PHONE #: _____
****MUST ATTACH PROOF OF APPLICANT ADDRESS****

CONTACT PERSON: _____

ADDRESS: _____

PHONE #: _____

EMAIL ADDRESS: _____

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 end date for your funding purpose below:

NOTE: proposed activity/purpose of during must take place between April 15th, 2025 and March 31st, 2026

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** 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 District 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 way 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: _____
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 plan, or alternatively, your reasons for not fundraising:

17. For questions 15 and 16, please provide the name (s) of any 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 on your proposed budget.

18. Contact person must sign and submit two (2) separate standing confirmations forms, one as an individual and another in the applicant's name, to **allow current standings with MCA to be confirmed (attached).**

Note: To avoid unexpected application denials, it is in the best interest of the applicant to find out whether or not the contact person and the applicant are in good standing prior to submitting an application to the Akwesasne Healing and Wellness Fund. Contact the Special Project Officer to do so.

DECLARATION

*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 it 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 t 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:

