MCA DONATION POLICY

The Mohawk Council of Akwesasne (MCA) is committed to strengthening our community by supporting individuals and groups in need. Donations are provided to applicants who demonstrate that they meet the established eligibility requirements; this is determined through the review of submitted applications.

REGULATIONS

806.1 To request a donation from the MCA, a donation application form must be filled out and submitted to the Executive Services department, specifically to the attention of the Special Projects Officer.

806.2 No other department or program under the MCA is allowed to make donations to the community other than Executive Services.

806.3 **The eligibility requirements for a donation are**:

(a) to reside within the Territory of Akwesasne under the jurisdiction of the MCA (Cornwall Island, St. Regis, or Snye) **OR** reside in Cornwall, Ontario;

(b) to be a Member (this is different than having a status card);

(c) to be in Good Standing with MCA (this applies to applications for an adult individual); and

(d) donations are limited to one donation per year, per individual or group. **The only exception to this limit are donations to a family for costs related to the death of a family member**.

806.4 **Donation applications may be submitted for**:

(a) individuals (includes adults aged 18 or over **AND** minors under the age of 18);

(b) groups (not intended for personal individual benefit, but to benefit the group's purpose or the Akwesasne community in general); or

(c) costs related to the death of a family member.

806.5 To request a donation from MCA, these forms must be filled out and submitted:

(a) **Appendix A**: Donation Application Form (**for all applications**)

(b) **Appendix B**: Membership Confirmation form (**for all individual applications**)

(c) **Appendix C**: Good Standing Confirmation form (**for all adult applications**)

806.6 These are the **maximum approval amounts** for donations, as approved by either the Special Projects Officer or the Finance Committee:

(a) **for individuals: up to $500.00**

(b) **for groups: up to $1,500.00**

(c) **for costs related to the death of a family member: $1,500.00**

806.7 Donation applications can take up to thirty (30) calendar days to process. Applicants should submit their application well in advance of when a donation is needed, when possible.

806.8 **Donations will not be provided for these purposes**: criminal defense; legal disputes; repayment of fines, penalties, or debts; gambling, alcohol, or cannabis purchases; political activities; illegal purposes; or personal vacations. Applications submitted to cover such costs will be denied.

806.9 The Special Projects Officer has full discretion on the decision to approve or deny a donation request and on the amount for approvals. In some situations, the Special Projects Officer *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 at their meeting.

806.10 The Special Projects Officer is responsible for follow-up on the decision to approve or deny a donation request.

806.11 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.

806.12 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.

Mohawk Council of Akwesasne
Donation Application Form

This application is being submitted for (check the applicable box)**:**

☐ adult ☐ minor (under 18) ☐ group ☐ costs related to the death of a family member

Applicant Name:

Where do you live? Insert address (include postal code):

Home Phone #: **Cell Phone #**:

Email Address: **Amount Requested**:

If approved, issue donation to what name?

Please explain why you are requesting a donation. What is the purpose? What are the circumstances? What is the background information that you would like taken into consideration? (If necessary, feel free to attach a separate sheet.)

Please note the following <u>additional forms</u> are an integral part of this Donation Application:

☐ Minor applications also require the Membership Confirmation form; it is filled out and attached.

☐ Adult applications also require the Membership Confirmation form and the Good Standing Confirmation form; these are both filled out and attached.

Declaration

I confirm that I have read and understand the MCA Donation Policy. The information contained in this application and the accompanying documents (where applicable) 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.

Print 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 MCA Office of Vital Statistics is located at Cornwall Island Administration Building #3, with a civic address of 101 Tewesateni Road, Akwesasne, Ontario K6H 0G5.

The Office of Vital Statistics will complete the bottom 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 or Membership Officer
Office Of Vital Statistics

MOHAWK COUNCIL OF AKWESASNE
Good Standing Confirmation form

Name:	
Date of Birth:	
Status #:	

Instructions: **Please fill out the box above and sign at the bottom**.

MCA Departments, Programs, And Services	✓ Yes	✓ No	In Good Standing Yes, No, or N/A
Ahkwesahsne Mohawk Board of Education			
▪ Hot lunch program	☐	☐	
▪ Akwesasne Child Care Program	☐	☐	
Akwesasne Court			
▪ Akwesasne Court fines	☐	☐	
▪ Akwesasne Court ordered payments	☐	☐	
Economic Development Department			
▪ Peace Tree Trade Centre Rent	☐	☐	
▪ Stanley Island Cabin Rent	☐	☐	
▪ Other Rental Unit	☐	☐	
▪ Non-compliance with Ec Dev programs	☐	☐	
Department of Finance and Administration			
▪ Consultants	☐	☐	
▪ Other loans	☐	☐	
▪ Employee Purchase Plan	☐	☐	
Department of Housing, Infrastructure, and Environment			
Housing Sector			
▪ Housing Loans	☐	☐	
• Rental Units	☐	☐	
▪ Rent to Own Homes	☐	☐	
▪ Bank Mortgages guaranteed by MCA	☐	☐	
Infrastructure Sector			
▪ Contract for Services, such as construction or snow removal	☐	☐	

The undersigned gives irrevocable authority to the above identified departments, programs, and services to release information pertaining to their standing to Executive Services and understands that this information is required to determine their eligibility to receive funding offered by the Mohawk Council of Akwesasne. The undersigned releases the Mohawk Council of Akwesasne from all manner of actions, cause of actions, or any other form of relief that may accrue to them, their heirs, executors, administrators, or assigns as a result of the release of the information specified above. I understand that making a false claim in my application may result in the denial of my application.

Date	Applicant's Signature