



Beausoleil First Nation Culture, Arts, Recreation, Entertainment Fund 2014/2015 Individual & Group Application

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Christian Island, ON
L9M 0A9
705-247-2051 Fax: 705-247-2239 Email: CARE@chimissing.ca

PLEASE REFER TO THE C.A.R.E POLICY GUIDE PRIOR TO COMPLETING. PLEASE ENSURE YOUR APPLICATION IS COMPLETE WHEN RECEIVED BY THE OFFICE. INCOMPLETE APPLICATIONS WILL BE RETURNED FOR COMPLETION AND MAY RESULT IN A DELAY FOR PROCESSING. APPLICATIONS MUST BE SUBMITTED ON THIS APPLICATION FORM ONLY. REPRODUCTIONS OR DUPLICATIONS WILL NOT BE ACCEPTED.

APPLICANT INFORMATION:

APPLICANT NAME:

.....
(Name of group or individual)

STATUS CARD NUMBER:

.....
(Please provide proof as well)

APPLICANT AGE(S):

.....
(Team or individual)

PARENT/GUARDIAN NAME(S):

.....
(If applicant is under 19 years of age)

CONTACT PERSON:

MAILING ADDRESS:

Home phone Work phone Cell phone

Fax Email

PLEASE CHECK THOSE AREAS THAT APPLY TO YOUR APPLICATION:

- Culture
 - Arts
 - Recreation
 - Entertainment
-

BENEFITS:

How will your project/application benefit you or the community? Check where applicable:

- Role Model Creation Increased Fitness Self-Improvement/Esteem Leadership Development
- Community Pride Improved Health Community Participation
- Other

Please specify:

.....

.....

.....

COMMUNITY SERVICE:

Provide specific name of group, activity or organization that you will be volunteering for. A minimum of four hours of volunteerism per individual is required. Community Service is to be completed upon approval of funds. Applicants must provide letters (including team/group list of those whom volunteered) verifying completion of Community Service upon request. Failure to complete community service will affect future applications. **NOTE: Community service cannot be the activity that was submitted on your application.**

Check applicable service:

- Sports team/Organization School Church Elderly Dinner/Luncheons
- Pow-Wow Committee Holiday Event Special event/other Community Beautification

Please specify name of team, organization, school, church, event, community, etc:

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Have you been approved for funding by the C.A.R.E Fund before? If yes, did you complete your final report? Did you provide the required Community Service form, summary and proof of acknowledgement? What was your Community Service and when was it conducted?

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PROMOTION/ACKNOWLEDGEMENT:

Please provide a clear description of how you will promote/acknowledge the contribution of the C.A.R.E Fund (e.g., appreciation certificate, newspaper ad, plaque, photo, presentation, etc):

.....

.....

REFERENCES *MANDATORY*

Mandatory, references must be over 19 years of age and must be individuals other than those who have signed the Application Form. Three references must be LISTED, however, actual reference letters are preferred, but not mandatory. References can be personal, community, character- or business-related. Only three letters of support/ recommendation will be accepted, others will be disregarded.

1.Title/Name

.....

Mailing address

.....

.....

Home Phone Work phone Cell phone

Fax Email

2.Title/Name

.....

Mailing address

.....

.....

Home Phone Work phone Cell phone

Fax Email

3. Title/Name

.....

Mailing address

.....

.....

Home Phone Work phone Cell phone

Fax Email

DECLARATION:

- I/We agree to provide the necessary documents as required/requested (ie. financial statements, supplier quotes)
- I/We agree that if our Application is approved, I/We will meet the Reporting Requirements as outlined in the Project Guidelines.
- I/WE understand that failure to meet the Reporting Requirements will affect any future applications we may wish to submit to the C.A.R.E Fund.
- I/We confirm that the information contained in this application and the accompanying documents is true, accurate and complete.
- I/We agree that any photos taken or submitted in regards to this application can be used for the purposes of the C.A.R.E Fund Promotion.

PROOF OF MEMBERSHIP:

Copies of status cards (front and back including your 10-digit Band number) must be submitted for the following:

Individual applicants: 1) Actual individual applicant.

Group/team applicants: 1) Contact person; 2) Both persons who signed application.

*You can be both the contact person and the person who signed the application.

*ONLY REQUIRED FOR FIRST TIME APPLICANTS

APPLICATION INFORMATION CHECKLIST:

YES NO

- All sections complete
- Community Service section complete
- Budget page - Other project funding listed
- Three references listed
- Copies of status cards included as required
- Application signed by two individuals over the age of majority for all applications

***** DO NOT SUBMIT INVOICES OR RECEIPTS UNTIL REQUESTED *****

SIGNATURES

This application form must be signed by (1) Parent/Guardian for individuals under the age of 18. For group applications, this application must be signed by TWO individuals over the age of 18 involved in the group.

1. Name

.....
(Please print name)

.....
(Signature)

.....
(Title/Relationship to Applicant)

.....
(Date)

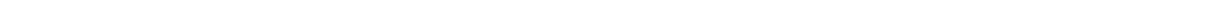
2. Name

.....
(Please print name)

.....
(Signature)

.....
(Title/Relationship to Applicant)

.....
(Date)



ADDITIONAL INFORMATION:

This application form can be submitted by person, mail, email or fax to the C.A.R.E FUND by the following:

Mailing Address:

The C.A.R.E Fund
C/O Beausoleil First Nation
11 O’Gema Miikan
Christian Island, ON
L9M 0A9

Telephone: (705) 247-2051 | Fax: (705) 247-2239 | Email: CARE@chimnissing.ca

This application must be received by the C.A.R.E Fund by 2:00 pm on the deadline date(s).

FOR ADMINISTRATION USE ONLY (YOU ARE NOT REQUIRED TO COMPLETE THIS SECTION)	
FILE NUMBER:	
DATE RECEIVED:	
DATE REVIEWED BY C.A.R.E COMMITTEE:	
DATE REVIEWED BY CHIEF AND COUNCIL:	
