



## AAMJIWNAANG FIRST NATION

### POLICY AND GUIDELINES FOR APPLYING FUNDING

#### For Individual and Groups

#### **POLICY**

##### **Purpose of the funds:**

The Chief and Council has set aside an amount of Band Funds to assist Children and Youth to the age of 25 years old so that they will have an opportunity to participate in Sports, and Arts (such as music, dance etc.)

##### **What we cannot fund:**

1. Individual payments, without receipts. (i.e. distribution of per capita funding)
2. Individual or Group applicants for profit

##### **Eligible applicants:**

1. Registered Band Members of Aamjiwnaang First Nation
2. Organizations, Groups and Association

Committee will take into consideration all request made by the individual or group to the Aamjiwnaang First Nation. Maximum allowed finding is \$800 (CAN) per/fiscal year. This maximum will take into consideration LNHL, Recreation reimbursement and any other recreational funding.

#### **PROCESS**

##### **Applications can be picked up at the Community Centre, Administration Office or on the Aamjiwnaang Website**

1. Application must be fully completed and signed.
2. For groups clearly state all names and band numbers.
3. Briefly describe the activity or purpose of request.
4. Total cost, including applicant(s) contribution must be included.
5. State the benefit to the community.
6. A review will be done to ensure that the proposal meets the criteria.
7. Minimum of 4 hours of Community Services is required if the application is approved.
8. Provide supporting documents if any, such as letter(s) of recommendation of support.
9. Application will be reviewed and approved by the Community Services Committee.
10. If the proposal does not meet the requirements the applicant will be notified by letter by the Community Service Coordinator, stating the reason why it does not meet the criteria.
11. The applicant will be notified by the Community Services Coordinator, of the decision of the Committee.
12. All receipts must be submitted for auditing purposes and HST rebate to the Finance Department.
13. Payments will be made to organization, association, or an official receipt for reimbursements.



**AAMJIWNAANG FIRST NATION**  
***Request for Individual Funding***

Date Received:  
\_\_\_\_\_

**CONTACT INFORMATION**

Name: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Band No#: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Cell #: \_\_\_\_\_

\_\_\_\_\_ E-Mail: \_\_\_\_\_

**INFORMATION of EVENT**

Event/Project Attending: \_\_\_\_\_ Date(s): \_\_\_\_\_

*Attach all supporting documents*

Tuition/Registration Fees: \_\_\_\_\_

*Attach all supporting documents*

Other Costs (Equipment, Etc.): \_\_\_\_\_

*Attach all supporting documents*

Your Contributions: \_\_\_\_\_

Transportation (Driving, Flying, Train, etc.): \_\_\_\_\_

*Attach all supporting documents*

Benefit to the Community: \_\_\_\_\_

Expected Volunteer Service: \_\_\_\_\_

*Please return completed form and supporting documents to Jamie Maness – Community Services Coordinator, at the Community Centre.*

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**DECLARATION**

It is agreed to provide the necessary documents as required and requested.

If funding is approved; it is agreed that any/all Reporting Requirements will be followed through in a timely manner. It is understood that failure to meet the Reporting Requirements will affect any future requests.

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

Signature: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

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

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



# AAMJIWNAANG FIRST NATION

## *Volunteer Reporting Form*

Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

Address: \_\_\_\_\_

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**Completed Activity and Location**

**Actual # of Hrs**

**Date Completed**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Supervisor's Name & Signature**

\_\_\_\_\_  
**Your Initials**

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**Completed Activity and Location**

**Actual # of Hrs**

**Date Completed**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Supervisor's Name & Signature**

\_\_\_\_\_  
**Your Initials**

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**Completed Activity and Location**

**Actual # of Hrs**

**Date Completed**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Supervisor's Name & Signature**

\_\_\_\_\_  
**Your Initials**

**For Office Use...**

Date Received \_\_\_\_\_ Received by \_\_\_\_\_