



Department of Aboriginal Affairs and Intergovernmental Relations

**INSTRUCTIONS**

Please complete all sections, sign and date the form and fax to (867) 873-0233.

**1. APPLICANT INFORMATION**

APPLICANT'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

**2. DESCRIBE THE TYPE OF ORGANIZATION:**

Business \_\_\_\_\_ Non-Profit Society \_\_\_\_\_ Board/Agency \_\_\_\_\_ Other Government \_\_\_\_\_

**STATE THE PURPOSE OF THE ORGANIZATION** (ie. *Metis Local that represents the interests of Metis in our community*):

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

**APPLICANT'S LEGAL STATUS:**

Is the Applicant incorporated? Yes \_\_\_\_\_ Corporation Registration Number \_\_\_\_\_  
No \_\_\_\_\_

In Process \_\_\_\_\_ Date Applied \_\_\_\_\_

Incorporated with: Federal \_\_\_\_\_ Territorial \_\_\_\_\_

**3. WHAT IS THE STRUCTURE OF THE ORGANIZATION** (ie President, Vice-President, Four Directors, Executive Director, Secretary Treasurer)

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

**PRINT NAMES OF ALL EXECUTIVE, OFFICERS, BOARD MEMBERS/DIRECTORS AND THEIR TITLES**

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

**FUNDING APPLICATION  
NATIONAL ABORIGINAL DAY CELEBRATIONS**

**SCHEDULE A**

#### 4. WHAT EVENTS ARE PLANNED FOR NATIONAL ABORIGINAL DAY?

## WILL ALL RESIDENTS BE ABLE TO TAKE PART IN THE CELEBRATION?

YES  NO

IF NO, EXPLAIN THE REASON(S) WHY

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**5. NAME AND SIGNATURE OF AN OFFICIAL(S) AUTHORIZED TO ENTER INTO THE PROPOSED AGREEMENT ON BEHALF OF THE APPLICANT.**

Name	Title	Signature
Name	Title	Signature

**NAME OF CONTACT PERSON AND THEIR PHONE NUMBER IN CASE THERE ARE QUESTIONS OR DEFICIENCIES WITH THE PROPOSAL:**

Print Name \_\_\_\_\_ Phone # \_\_\_\_\_ e-mail address (optional) \_\_\_\_\_

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**SCHEDULE A**

**6. PROJECT BUDGET** The budget should balance. Include anticipated revenue from other sources (such as Heritage Canada, Indian and Northern Affairs Canada etc). Maximum revenue from the Dept. of Aboriginal Affairs and Intergovernmental Relations is \$1,000.

<b>PLANNED EXPENDITURES</b> <i>Itemize and list costs</i>		<b>ANTICIPATED REVENUE</b> List any financial support from other organizations, federal and /or territorial departments and agencies, municipal government <i>(give name and amount)</i>
		<b>DONATIONS IN-KIND</b>
		<b>TOTAL ANTICIPATED REVENUE (B)</b>
		<b>FUNDING REQUESTED</b>
		Total Planned Expenditures (A)
		<u>Minus</u> Total Anticipated Revenue (B)
		Funding Requested ©
<b>TOTAL PLANNED EXPENDITURES (A)</b>		<b>List items and amounts from Planned Expenditures to be paid for by this funding.</b>
<b>NOTE:</b> Vehicle and Hall Rentals, Payments to musicians , Salaries, Wages and Honoraria do not qualify for funding		

**7. CERTIFICATION:**

I certify that the information given is accurate and complete, and that the project proposal is fairly presented. I agree to publicly acknowledge funding and assistance by the Minister of Aboriginal Affairs and Intergovernmental Relations in accordance with the terms of the funding agreement. I understand the information provided in this application may be accessible under the *Access to Information Act*.

Authorized Signature

Name and Title (Please Print)

Date