



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

APPLICANTS 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

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)

