



Community Donation Fund Application

The deadline for all applications is the third Friday of every month at 4:00pm.

Checklist:

<input type="checkbox"/> All sections are completed accurately	Applicant Initials_____
<input type="checkbox"/> Proof of cost is attached	
<input type="checkbox"/> Budget is completed	
<input type="checkbox"/> Letter of reference attached	
<input type="checkbox"/> Photocopy of applicant status card attached	
<input type="checkbox"/> Additional information for associations is complete, if applicable	
<input type="checkbox"/> Additional attachments required for associations is attached, if applicable	

Date Received:

Applicant

Name:

Band
number:

Date of Birth:

Mailing
Address:

Telephone
number:

School, if
applicable:

Band number:

Legal Guardian (if applicable)

If an applicant is under 18 years of age, or legally incapable, a legal guardian must apply on behalf of the applicant.

Name:

Date of Birth:

Mailing
Address:

Telephone
number:

Association (additional information)

**Association
Name:**

Please attach an organizational chart, outlining your organization managers, employees, etc. as it applies to your organization

Please attach proof of your organizations decision to apply for a donation.

What is your organizations mission statement?

Donation Classification

Community

An event, activity or project that creates awareness in the community, promotes unity, inclusiveness, and participation at the community level or develops or demonstrates community pride.

Recreation

Creates recreational opportunities, encourages participation in such opportunities, or develops constructive behaviour through recreation.

Arts & Culture

Preservation, creation and promotion of Haudenosaunee culture and art, including traditional and contemporary forms of art, language, history & spirituality.

Education

Post secondary, training program or workshops that educates and promotes healing, well-being and community awareness.

Health

Assistance in ones overall health and well-being and quality of life.

Have you been approved for funding from the Donation Fund before? Yes No

If yes, date:

If yes, what was its purpose?

Date of Project:

Organizer:

Project Name:

Describe the reason for your donation request, and the costs you would like covered.

Describe how this donation will contribute to your (or if you are an association, your participants) positive growth, achievement, and healthy development.

How will your project benefit the community?

Describe your fundraising activities to date:

Budget

Project Costs Please list all costs required to complete your project/event	Amount
Total Expenses:	

Project Funding Please list all other funding sources (confirmed and requested)	Amount
Total Amount Raised:	

Total Expenses:	
Total Amount Raised:	
Balance of Funding Required:	
Donation Amount Requested (max. \$750 individual, \$1500 association):	

Volunteer Information

All **Individual Applicants** must complete a minimum of four (4) volunteer hours which benefit the community in order to be eligible to receive a donation. All **Community Association** applicants must complete a minimum of eight (8) volunteer hours which benefit the community in order to be eligible to receive a donation.

As per section 5.8 of the Community Donation, Grant, and Sponsorship Fund Policy, applicants with a disability may be exempted from the volunteer requirement at the discretion of the Donation Committee. If applicants are unable to volunteer due to a disability, please make this known when submitting your application.

Organization: _____

Supervisor: _____ Signature: _____

Phone: _____ Email: _____

Date(s) _____ Total _____

Volunteered: _____ Hours: _____

Provide a brief description of volunteer work performed:

Organization: _____

Supervisor: _____ Signature: _____

Phone: _____ Email: _____

Date(s) _____ Total _____

Volunteered: _____ Hours: _____

Provide a brief description of volunteer work performed:

Organization: _____

Supervisor: _____ Signature: _____

Phone: _____ Email: _____

Date(s) _____ Total _____

Volunteered: _____ Hours: _____

Provide a brief description of volunteer work performed:

Application Attachments

Please attach proof of your project’s costs. This may be invoices, receipts, statements, quotes or any other document with similar evidentiary value that will verify the expense of the project as equal to, or greater than, the amount requested in your application.

Please attach a copy of the Applicant’s Certificate of Indian Status.

Please attach one credible, written letter of reference attesting to the character of the Applicant. This reference cannot be from a member of the Applicant’s family

Acknowledgement and Consent

I, _____, the undersigned hereby represent and warrant that I am duly authorized and eligible to submit this application and provide the information herein. I swear that the information submitted in this application is true, correct and complete to the best of my knowledge. I hereby authorize and instruct the Six Nations of the Grand River Elected Council, its agents, and employees to obtain necessary business and/or personal information regarding this application from any source for verifying the content of this application and deciding whether to grant a donation, sponsorship or grant for the requested purpose. If my request is approved, I agree to accept all liability arising and resulting from the above activity, event, or project. I further absolve Six Nations of the Grand River Elected Council, its agents, successors, and employees of any liability associated with, arising, or resulting from the activity, event, or project. I declare that I have read and understood the Community Donation, Grant, and Sponsorship Fund Policy (ICGF#563/05/16/2022 and ICGF#565/05/16/2022) and hereby agree to abide by its terms as well as undertake, in good faith, any conditions set out by the Donation Committee for the receipt of a donation, grant, or sponsorship.

Signature

Date