

PEGUIS FIRST NATION SURRENDER CLAIM TRUST

APPLICATION FORM For Projects over \$5000



Revisions July 2015

The Application Form

Part A - Information About You

Please note, if you require more space, please attach the added comments or support material to the end of the application form.

Applicant Name

Address

Town Province/Territory Postal Code

Telephone Fax

E-mail Website

Primary Contact Person Position

Treaty Number

Part B – Information about your project

1.a) Title and description of Project: _____

2. What does the funding application support? (Check one):

Project _____(one time funding)

Program _____(ongoing funding)



3. How long will your project or program last?

a) Months: _____ Weeks: _____ or On-going: _____

b) Start Date: _____ Completion Date: _____

4. What are the goals and objectives of the project (per Appendix C)? How do these fit in with Peguis's long-term priorities?

a) _____

b) _____

c) _____

5. Where will the project or program take place? _____

6. If land is required for your project/program, please Confirm you have met with the Lands Department (support letter required) [] Yes [] No

7. Who will your project serve (check one and complete all that are applicable)?

[] Community on Reserve

[] Community off Reserve

[] Other (e.g. Elders, Youth, Children, etc)? _____
(Please specify)

8. Describe the activities and methods you will use to achieve your project goal and objectives.

9. How will your project continue to operate after the funding from the Trust runs out?



10. From the Trust, which item does your request fall under? (Check one or more)

- Provision of supplementary or enhanced health care related services
- Enhance or promote educational opportunities
- Support assistance to address the special needs of Peguis elders
- Community development and improvement initiatives including infrastructure, equipment or enhancement of recreation facilities
- Preservation of the language and cultural heritage
- Treaty Days, Pow-wow and Community Gatherings
- Acquire, establish or build a credit union or Trust Company
- Housing
- Promote or establish business or commercial operations beneficial to the members
- Any other activity beneficial to the Peguis Community members

11. From the Trust criteria, which criteria does your request fall under? (check all that apply)

- Social
- Economic
- Infrastructure
- Community Health
- Culture and Identity
- Community Training and Education
- Community Betterment
- Economic Independence
- Increased Community Income
- Generation of More Jobs
- Additional Occupational Training and Development
- Other _____



12. What research and/or studies have been completed to determine the need(s) identified (e.g. needs analysis, feasibility study)?

13. What is the benefit to the Community that this proposal will provide?

14. Roughly how many people will benefit from this project/program? _____

15. About how many positions will be created by this project/program? _____

a) Term of employment: Months: _____

b) Average Weekly Wage: \$ _____

c) How many full-time jobs will be created after completion of the project/program? _____

16. Provide a list of all known suppliers and contractors to be used during the project/program.

Name of Supplier or Contractor: _____

Organization or Company: _____

Name of Supplier or Contractor: _____

Organization or Company: _____

Name of Supplier or Contractor: _____

Organization or Company: _____

Name of Supplier or Contractor: _____

Organization or Company: _____



Financial Requirements

17. How much money are you requesting (\$) ? _____

18. Is the funding available from any other source?

No

Yes, if so name source _____

19. Have you approached any other funding agency prior to approaching the Peguis First Nation Trust?

No

Yes, if so please give details _____

20. (a) Is the request for funding from The Trust to be utilized with any other funding source(s)?

No

Yes - If so, please complete Appendix A (page 21)

(b) How much money are you putting in of your own?

What % is the breakdown? _____

21. Does this application include a funding direction for costs associated with operations and maintenance? Yes No

⇒ **If yes**, please complete the Operation & Maintenance Worksheet Appendix B (page 24)

Does this application include funding for capital construction? Yes No

If yes, please provide a copy of all architectural drawings & plans pertaining to your project (i.e. housing plans, sewer & water designs, etc.). These drawings & plans must accompany this application to be considered a completed submission.



Part C - Monitoring and Evaluation

The management team of each project funded by the Trust must monitor, evaluate, and report on its project. Please describe, in detail, how you will monitor and evaluate the progress and outcome of your project.

Part D - Project Team

List the name of each project team member, describe their position, roles and responsibilities. If the project team will need to be hired, attach job descriptions and statements of qualification. Indicate if the member is a Signing Authority.

Team Member	Position on Team	Roles & Responsibilities	Signing Authority? Yes/No	Enclose Character Profile (+Experience)



Part E - Program or Project Budget

Please refer to Appendix A (page 21) to complete the following table:

BUDGET	1st Quarter Jan to Mar	2nd Quarter April to June	3rd Quarter July to Sept	4th Quarter Oct to Dec
Revenue				
Expenses				

Part F - Program or Project Plans, Evaluations & Policies

Are you requesting first time funding for this project/program? Yes No

⇒ **If yes**, please confirm the following:

I have attached my project/program’s plan Yes No

I have attached copies of my project/program’s policies that Outline procedures governing all aspects of implementation. Yes No

Are you requesting renewal funding for this project/program? Yes No

⇒ **If yes**, please confirm the following:

I have attached my existing program/project’s plan. Yes No

I have attached copies of my program or project’s policies that outline procedures that govern all aspects the Implementation. Yes No

I have attached the most recent program or project Evaluations related to the program. Yes No

Have you previously received funding from the Community Trust Fund? Account for other programs or projects? Yes No

⇒ **If yes**, please confirm the following:

I have attached the completed final or interim report and evaluation. Yes No



Declaration and Consent:

I confirm and declare that the information contained in this application is true, accurate and complete. I understand that, in the event, any of the above information is found to be materially untrue or inaccurate, that my application will not be considered by the Community Fund Trustees. I understand that all information on this application is subject to verification and I agree to provide a criminal history, drug test and credit history checks if requested. I also agree that you may contact references listed on this application. I hereby authorize and consent to the release of information and for the purposes of the Freedom of Information and Protection of Privacy Act, I authorize and consent to the use by or the disclosure to Surrender Claim Trustees of any personal information that is collected for the purposes of processing this application and explaining Trustee/Council decisions to the Members of Peguis First Nation.

Date

Signature

Print Name

APPLICATION CHECKLIST

Please review the application to ensure you have completed it correctly.

Answered all questions

Financial Certification (See Section 4)

Architectural Plan, Drawings etc. (See Section 4)

Completed Appendix A (page 21) – Budget Worksheets (Co-Funding, Revenue, Expenses)

Completed Appendix B (page 24)– Operations & Maintenance Worksheet

Completed Appendix C (page 25)– Proposed Program or Project Work Plan report

Completed Appendix C (page 25) - : Project or program policies that outline procedures governing all aspects of this implementation

Completed Appendix C (page 25)– Evaluations and reports related to past or ongoing projects or programs



Appendix A: Budget Worksheet

Co-Funding For This Program or Project

Co-funding will enhance your chances of getting funding from the Trust. Please describe how you will work with other groups, organizations or communities in achieving the objectives of your program or project.

Organization Name	Type of Support		Value of Contribution	Purpose of Contribution	Contribution start date	Contribution End Date
	Funds	In-Kind				
			\$			
			\$			
** Total Value			\$			

Specify the purpose of the monetary contribution (for example: equipment lease or purchase or in-kind contribution such as free office space).

*** Total Value of Co-funding to be inserted into Budget Revenue Worksheet*

BUDGET REVENUE WORKSHEET				
	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
Trust Funds Applied for				
Other Revenue from Co-funding Worksheet				
* Other Revenue				
** Total Revenue	\$	\$	\$	\$

** Please specify the source of Other Revenue. **Please transfer worksheet totals to Program and Project Budget in Part E (page 19)***



EXPENSES

Please refer to Explanation of Expense Items on the following page to assist you in the completion of the Expense Worksheet.

BUDGET EXPENSE WORKSHEET				
Estimated Expenses	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Salaries				
Benefits				
Travel				
Human Resources & Consultant Fees				
Honoraria				
Training & Professional Development				
Meeting Room & Office Rental				
Administrative Costs				
Audit & Evaluation				
Professional Services				
Program Supplies & Resource Material				
Equipment Rental				
Transportation Costs				
Production Costs				
Distribution Costs				
Other Costs				
* Total Expenses	\$	\$	\$	\$

** Transfer above totals to the Table in Part E (page 19).*



Explanation of Expense Items

Salaries & Benefits: Provide a list of employees' positions and whether the job is full-time or part-time. If it is part-time, please show the approximate number of hours the employee will work per week. This category is for employees and doesn't apply to consultants and contractors.

Benefits: This applies to the costs of the employer's contribution, both statutory and benefit plans as prescribed by the federal and provincial governments and/or employer. The percentage of benefits applied against gross salaries may include the employers' costs in relation to Canada pension Plan. Employment Insurance and mandatory holiday pay in lieu of leave (especially for part-time or casual employment positions), severance pay, termination benefits and other benefits by the employer such as RRSP's and life insurance.

Travel: This applies to all work-related travel by employees.

Human Resources and Consultant Fees: Provide a list of contract positions and whether the work is full-time or part-time. If part-time, show the approximate number of hours per week

Honoraria: This is a gift of money to thank Elders, helpers, speakers or others who are not consultants.

Training and Professional Development: Please list the type of training and indicate who will benefit.

Meeting Room and Office Rental: This refers to rent and utilities.

Administrative Costs: This includes bookkeeping fees, postage, stationary, clerical expenses, such as faxes, phone calls, photocopies, etc.

Audit and Evaluation: This includes the costs associated with the production of audit and evaluation materials.

Program Supplies and Resource Material: This includes such items as flip charts, visual aids, books, etc.

Professional Services: This includes items such as Architectural, legal, engineers, accounting fees.

Equipment Rental: This includes phones, faxes, photocopiers, computers, printers, etc.

Transportation Costs: This includes the costs of participants travel.

Production Costs: If the funding is to be used to produce materials, specify what you will be producing, such as a pamphlet, brochure, etc.

Distribution Costs: Specify who you will distribute the materials to and how you intend to distribute them.

Other Costs: This could include other costs such as child care, insurance, advertising, etc.



Appendix B: Operations and Maintenance

Will there be additional funding for Operations & Maintenance other than from the Trust?

Yes No

What are the sources? Please provide as much detail as possible and complete Appendix A, - Co-Funding Worksheet (page 21).

Has an application for additional O & M funding been made to other funding sources?

Yes No

⇒ **If yes**, has the application been approved?

Yes No

⇒ **If yes**, please provide the commitment letter(s) from the funding sources.

Has O&M been provided from the Trust previously, for this project?

Yes No

⇒ **If yes**, how much was provided each year? Year _____ Amount \$ _____

Year _____ Amount \$ _____

How long will Operations and Maintenance funding be required from the Trust?



Appendix C: Program or Project Plans, Evaluations & Policies

GUIDELINES:

TO HELP YOU PREPARE A PLAN FOR YOUR PROGRAM OR PROJECT

Your plan should be able to answer the following questions:

- **What is the title of your project?** Your title should be descriptive of your project.
- **What is the overall goal of the initiative?** This is the purpose and aim of the project and should fit in with the overall vision of the organization making the application.
- **What are the objectives?** These are the steps the initiative takes towards the goal. There will probably be more than one objective.
- **What is the strategy?** Each objective has a strategy to achieve it. Describe the methods and activities being carried out to achieve each of the objectives.
- **What effect will your program or project have on the Peguis Community?** Tell us for each objective, what outcomes or benefits will be expected as a result. This could include such things as estimate of how many people will take part or benefit directly from the activity. How will the program help meet Peguis' long-term priorities?
- **What is the duration or time frame of the program or project?** If it is a project, specify how long it will take to complete. If it is a program, specify its duration (which may be ongoing).
- **How much will it cost?** After you have completed your budget and other supporting materials, please specify how much the overall project or program will cost and include it in your plan.
- **Who will manage the project?** Give the name and qualifications of the person who will be managing the project to demonstrate they have the necessary background to meet the objectives.

If you have any questions regarding the development of your plan, please contact the Trust office at 204-645-3943.



You can use this table to organize your operational Work Plan.

Title of the Project					
Goals: 1. 2. 3. 4.					
Objectives (bullet points)	Strategies (briefly describe)	Deliverables (briefly describe)	Timeframe (state how long)	Cost in \$	Manager Name & Title

