



Peguis Surrender Claim Trust

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FOR OFFICE USE ONLY

Project #	Date Received

TRUST SUBMISSION COVER SHEET FOR PROJECTS UNDER \$5000

PLEASE TYPE OR PRINT CLEARLY.

Are you applying as :		
<input type="radio"/> An individual Band Member <input type="radio"/> Peguis First Nations Entity/Department: _____		
Applicant/ Primary Contact SURNAME, GIVEN NAME(S)		Telephone Number _____ Telephone Number _____
		Fax Number _____
Mailing Address	Province/ State	
Postal Code/ Zip Code	Country	
Email Address	Website (if applicable)	
<input type="radio"/> Status Number _____ <input type="radio"/> Copy attached		
<input type="radio"/> Government Issued identification with photo (Type: _____) <input type="radio"/> Copy attached		
<input type="radio"/> Document with current address		
* A COPY OF <u>ALL</u> IDENTIFICATION IS REQUIRED FOR INDIVIDUAL BAND MEMBER REQUESTS.		
<input type="radio"/> Primary Residence On Reserve <input type="radio"/> Primary Residence Off Reserve <i>(used for statistical information)</i>		

<p>Amount of Funding Requested from Trust: \$ _____</p> <p>Complete Budget breakdown included within the submission <input type="radio"/> Yes <input type="radio"/> No</p> <p>If No, please explain why</p>	<p>Total Project Cost (including all additional sources of funding) \$ _____</p>	<p><input type="radio"/> Approached other funding source(s) <input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="radio"/> Receiving funding support from additional source(s) in the amount of \$ _____ \$ _____</p> <p><input type="radio"/> Personal Equity Contribution \$ _____</p>
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Trust Criteria ~ Section 8.2 (b): Under which section of the Trust Agreement are you applying?

<input type="radio"/> 8.2 (b) i – Health Care	<input type="radio"/> 8.2 (b) ii – Educational Opportunities	<input type="radio"/> 8.2 (b) iii – Special Needs of Elders
<input type="radio"/> 8.2 (b) iv – Community Development and Improvement	<input type="radio"/> 8.2 (b) v – Language and Cultural Heritage	<input type="radio"/> 8.2 (b) vi – Community Activity
<input type="radio"/> 8.2 (b)vii – Credit Union, Bank and/or Trust Company	<input type="radio"/> 8.2 (b) viii– Housing	<input type="radio"/> 8.2 (b) ix – Business or Commercial Operation
<input type="radio"/> 8.2 (b) x – Treaty Rights		

Title of the Project

Project Background (Summary of the project including but not limited to rationale, history or philosophy, and benefits of the project):

Project Goals and Objectives (Goals are broad general intentions; Objectives are narrow, precise and concrete):

Project Activities (List of activities that will take place within the project and any relevant timelines associated with their completion):

Project Evaluation Plan (Detail how project activities will be monitored to ensure the project goals and objectives are met):

Support Documentation (List, briefly explain and attach copies of all relevant support documentation):

Project Budget (Provide in table format, budget should include the item, details and costs): Details attached

All submissions to the Peguis First Nations Trust under \$5000 must include the information requested in this application form. Please review and check off each section to ensure that your submission is complete and meets the review requirements of the Trust. Once you have confirmed that all of the required information is included in your submission, please sign and date.

ONLY THOSE APPLICATIONS THAT CONTAIN ALL OF THE REQUIRED INFORMATION OUTLINED BELOW WILL BE REVIEWED.
ADDITIONAL INFORMATION MAY BE REQUESTED DURING THE REVIEW PROCESS.

1. Completed Trust Cover Sheet 2. Attached copies of requested pieces of identification
3. Attached project budget breakdown 4. Attached relevant support documentation

I certify that I have read through the Peguis First Nations Surrender Claim Trust submission guidelines and have enclosed all of the required materials necessary for a project submission under \$5000.

Print Name

Signature

Date