

APPLICATION FORM

Kwanlin Dun First Nation Donations Fund

1. APPLICANT CONTACT INFORMATION			
a. Applicant(s) Legal Name:		f. Contact Name:	
b. Post Office Box/Street:		g. Contact Phone No.:	
c. Community (Town/City):		h. Contact Fax No.:	
d. Territory:		i. Contact Email:	
e. Postal Code:		j. Applicant Eligibility Confirmed(identify category):	KDFN Citizen Other (specify):
<p>Applicant Description: <i>Describe what the funding will be used for. Include any background information that may strengthen your application. If a team is applying, please indicate who is on the team and their citizenship. To be eligible for funding, the team must consist of at least 50% KDFN citizens.</i></p>			

2. UNDER WHICH CATEGORY ARE YOU APPLYING FOR?

- Recreation:** An activity, event or project that creates recreational opportunities for KDFN citizens, encourages participation in such opportunities, or supports the development of constructive behaviour through recreation, will be deemed as and eligible activity, event or project.
- Community:** An activity or project that creates awareness in the KDFN community, promotes unity, inclusiveness and participation at the community level or develops or demonstrates community pride will be deemed an eligible activity or project.

3. SUMMARY OF PREVIOUS FUNDING

FISCAL YEAR	AMOUNT RECEIVED	DELIVERABLES MET	REPORTING COMPLIANCE
		Y or N	Y or N
		Y or N	Y or N
		Y or N	Y or N

- a. Provide details and the circumstances giving rise to any projects where deliverables and/or reporting requirements that have not been met.

4. DESCRIPTION OF THE PROJECT CONTEXT

Provide a description of the project or event and the circumstances giving rise to the project. What is the long term goal and how does this project support this goal?

5. Date of the Event or Activity? _____

6. Describe how this donation will contribute to the positive growth and betterment of the KDFN community?

7. Describe the fund raising efforts made to date.

8. Please provide a detailed budget, including volunteer time. Estimate Volunteer labor into dollars.

SOURCES OF FUNDS	Year	Total
Amount requested from KDFN		
Personal Contribution		
Fund raising		
Other		
TOTAL		

10. ADMINISTRATION		FOR OFFICE USE ONLY	
a. Citizenship:		d. Amount Requested:	
b. Director/Manager Responsible:		e. Date Application Received:	
c. Project Name:		f. Project Number:	