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	KDFN Citizen	
		Confirmed(identify	Other (specify):	
		category):		
' '	e what the funding will be used fo	•		
strengthen your application. If	a team is applying, please indica	te who is on the team and	l their citizenship. To be	
2. UNDER WHICH CATEGORY ARE YOU APPLYING FOR? Lecreation: An activity, event or project that creates recreational opportunities for KDFN citizens, encourages articipation in such opportunities, or supports the development of constructive behaviour through recreation, will be eemed as and eligible activity, event or project.				
	ct that creates awareness in the evel or develops or demonstrate	• • •	• 1	

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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?
	Date of the Event or Activity? Describe how this donation will contribute to the positive growth and betterment of the KDFN community?
•	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		

7.

Uses (Expenditures)		YEAR	Total
TOTAL			
DFN Donations Policy: pplicants are expected to raise a portion of the total funding requir valent to 50% of the total funding required by an Adult group—or 2!	5% of the total f	unding required by	y a Youth grou
pplications shall be accompanied by a budget that clearly showing a ls raised through other sources. Applications must clearly state all for funding sources applied for and/or received.			
lications where Drugs and/or Alcohol are likely to be publicly consu	med are <i>not</i> elig	ible for funding.	
lications for funding either through the Recreational or Community I year (April 1 to March 31).	fund may apply	for a maximum of	\$2,000.00 pe
pplicants will be notified by the Executive Director, in writing, whet ication was denied, the applicant will be told the reason for the der		application was fu	nded. If the
pplicant's Acknowledgement and Consent:	nd provide infor		of myself and
knowledge that I am duly authorized to submit this application ar inization. The information submitted in this application is correct lest is approved, and the activity is permitted; I agree to accept all nt. I have read and understand the KDFN Donations Policy and agi	and complete to liability arising	and resulting from	nowledge. If nowledge.
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Date

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Authorized Committee Member Signature

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