Application Deadline Friday, June 28th, 2019 @ 4:30 p.m. sharp



# Hand Book 2019

Six Nations Community Development Trust Oneida Business Park, 50 Generations Drive Box 7, Suite 111, Ohsweken, ON N0A 1M0 Phone: 905-765-1236 • Fax: 905-765-2755 Email: sntrust@sninternet.com

# Six Nations Community Development Trust Handbook

This handbook has been developed to help applicants understand the questions in the application and provide a better understanding of what information is required.

#### Our mission:

The Trustees shall administer the Trust in accordance with the terms set out in the Six Nations of the Grand River Community Development Trust, to enhance, among other things the growth and capacity of the First Nation in respect of community development, health, education, economic development and cultural development of the First Nation and its members.

#### We have the following core values:

- Independence
- Transparency
- Accountability
- Getting results
- Fairness

#### Eligibility

#### Applicants

Those who may apply for project funding are:

- Band members of the Six Nations as registered on the Band list or recognized as band members as described under the OFNLP Trust Agreement
- Organizations that have Six Nations Member involvement.

#### Application

The following activities will not be funded:

- Research (i.e. feasibility study, surveys & questionnaires)
- Payment of individual Band Members for personal benefit (i.e. per capital monies to individual members of Six Nations or per capita distribution)
- Individual "for profit" projects (i.e. subsidizing their business)
- Expenses already funded by another program.
- Projects that propose a wage, salary, honorarium or any form of remuneration to an existing board member (including ex-officio members) of their organization.
- Those projects dealing directly with children that do not complete a positive **Criminal Reference Check** for all staff and volunteers. Include these expenses as a budget line item.
- Organizations where bona fide band membership representation on their Board is in question.
- Organizations not able to demonstrate a formal governance and accountability structure.

#### Application

- All applications will require a work plan (Part B #15, a detailed budget (Section C – Financial Requirements) and a formal presentation to the Six Nations Community.
- > The current year's application form must be completed.
- All Applications will follow and adhere to the guidelines set forth in the Six Nations Community Development Trust Handbook/Application.

#### Timeline

The SNDCT operates on a fiscal year January to December. Every effort should be made to fall within these timelines or within this time period.

# **Application Tips**

#### Things to remember:

- All applicants will be required to make a community presentation of their proposal.
- Please remember that SNCDT will not fund salaries or wages to your board/ advisory committee members.
- Conflicts of interest should be avoided.
- The Trust reserves the right to request resubmitted bids.
- If your organization is approved for funding from the Six Nations Community Development Trust (SNCDT) a financial agreement must be signed prior to the release of any funding.
- A 10% hold back of funding is placed on all Funding Agreements. Final payment will not be released until a final monitor is complete.
- Clear and concise answers will increase the success of your application. Please use only the space provided on the application form. Additional information may be included as attachments.

#### Required

- Only submit the application package enclosed.
- One (1) paper or electronic copy is required. If more space is required to answer questions please attach a sheet, indicate the number of the question you are answering. Please note we do require the original signature page if you choose to email or fax your applications in.
- A letter of acknowledgement from the board or advisory committee signed off by Board Secretary indicating they are fully aware of submission of project application to the Six Nations Community Development Trust.
- Projects where there are building renovations, land enhancements or infrastructure upgrades will need the following legal documentation included with the application.
  - Proof of insurance including third party liability
  - Band Council resolutions approving use of band owned land
  - Proof that any land or building is community owned
- Upon project completion, successful applicants will be required, working in coordination with the Trust, to inform the community of their project outcomes through a community presentation or other conventional or electronic media.

On completion of a funded project, you will be required to participate in a confidential debrief interview with the Trust Coordinator.

#### Application Deadline for applications is June 28th, 2019 @ 4:30 p.m. We will absolutely accept no late applications after 4:30 p.m.

# Part A – Information About You

**Organization** – Official Name of Organization(s) applying for grant.

*Mailing Address* – What is the official mailing address of the Organization? Do not list the location address of the project.

**Primary Contact Person/Telephone/Email** – This will be the person we contact regarding your application and all correspondence will be addressed to this person. This person must be a Six Nations band member. The primary contact person must have signing authority for the project.

#### 1. Is your organization:

**Profit** - The SNCDT deems a for profit organization whereby individuals or the organizations receive financial gains.

**Not-profit** – The SNCDT deems a non-profit organization whereby individuals or the organization does not receive financial gains.

#### 2. Financial Benefit

Members of your organization/group and their immediate family may not benefit financially from the proposed project.

#### 3. What is your organization's mandate/mission?

Your answer to this question helps us understand your organization's objectives or the reason why you exist. When we review your application, we look for consistency between your mandate and your proposal.

#### 4. How long has your organization/group been in existence?

This shows the Trust the longevity of your organization/group.

#### 5. Describe your governance and management structure.

The Board of Directors/Advisory Committee shows the SNCDT that you have community members in place that are accountable and will oversee that you meet the goals of your project. Please ensure that conflict of interest is avoided in all aspects of Board of Directors/Advisory Committee and governance.

Please list the current board members and title, dates of your upcoming board meetings.

Attach an organization chart showing key management positions.

#### 6. What activities/programs do you currently offer to the community?

Describing the activities, programs and services you provide helps the SNCDT understand the work that your organization does in our community. You should also identify when and where they take place. Include present and past activities.

7. How many staff members and volunteers belong to your organization? Tell us how many active employees and volunteers you have.

#### 8. Have you received SNCDT funding in the past?

Simply check yes or no. If you have received funding in the past indicate how much you have received in total.

## Part B – Information about Your Project

#### 1. Title of your project:

This should not be the title of your organization. It should describe your project.

#### 2. Where will this project take place?

List the exact location where the majority of your planned activities will take place.

#### 3. Project Start Date: End Date:

The SNCDT operates on a fiscal year January to December. Your project should fall within this time frame.

#### 4. Summary of the project:

Provide a clear and concise one paragraph executive summary of your project that does not exceed 250 words.

- **5.** How will your project continue to operate after SNCDT funding is concluded? The demand for funding far exceeds funding availability. Not all applications/proposals can be fully funded or funded year after year. The SNCDT needs to know what you have planned in the future. List both financial strategies (e.g. other sources of funding) as well as non-financial strategies such as partnering, capacity building, etc.
- 6. Have any research studies, surveys or questionnaires been referenced to determine the need(s) identified?

Please remember that the SNCDT cannot fund any research projects. The SNCDT may request a copy of any research that has been completed for review. (Example: Community Plan, Internal Needs Assessment, Ministry Guidelines)

# 7. Describe which SNCDT funding categories apply to your proposal and how they are addressed.

Keep your answer brief. The SNCDT funding categories are described below:

<u>**Community Development**</u> – projects that engage people in building an active and sustainable community, based on social justice and mutual respect. Projects that help to remove barriers that prevent people from participating in the social and economic issues that impact their lives.

<u>Cultural Development</u> – projects that enhance the cultural preservation, revitalization and growth of people through artistic, linguistic and other approaches.

**Economic Development** – Projects that support and improve economic development, foster balanced growth, build capacity and increase the overall wealth of the community.

**Education** – projects that will enhance the curriculum, the equipment and student supports and will raise the standard of education and educational outcomes.

<u>Health</u> – projects that will enhance the health and well-being of people in terms of mental, physical, emotional and spiritual.

It would also be helpful to review the Six Nations Community Plan (<u>http://sndevcorp.ca/wp-content/uploads/2016/07/Six-Nations-Community-Plan-FINAL.pdf</u>) and identify any areas where your project supports these initiatives.

- 8. How many individual community members will be directly impacted by your project and actively participate, within the project funding timeline? Please estimate how many community members will be directly impacted and actively participate in your project. If your project will assist organizations/businesses list those organizations/businesses.
- 9. How will you engage these community members?

Explain how you plan to market your project to the Community. This can include print (newspaper, posters, newsletters, press releases), radio (community bulletin board, live broadcast, live interviews etc...) or personal contact (phone calls, direct letters) and internet and social media. You will be required to provide specific details in your monthly reporting.

10. Will your project create employment for members of the Six Nations Community?

Include job titles, number of new positions created and estimated salaries. Describe the economic growth your project will bring.

11. Will your project provide formal or traditional education and training for Six Nations members?

Include types of training, educational institutions and who receives the training. For example driving course, language program, Great Law or traditional teachings.

12. Will your project in any way (other than formal training) improve the skills or increase the experience/expertise of members of the Six Nations Community? Again, be a specific as possible. Include coaching, mentoring, personal growth and experience.

#### 13. Will your project create any physical infrastructure?

Include buildings, equipment, facilities and resources.

# 14. Will your project support, link or connect with any other community initiatives?(MAXIMUM 3 LETTERS)

Describe the support, linkages and connections your project will have with other community initiatives. Include a maximum of 3 letters of support where appropriate.

#### 15. Please provide a detailed work plan.

#### 1. Purpose/Goal

Establish the broad primary outcome of your project.

#### 2. Activities:

Once you have identified the results that you expect to achieve, the next step in the planning process requires you to develop your activities. Each activity should be tied to an expected result. Each result should have at least one activity associated with it. Remember that your results and activities should have a link to your organizations mission and your goal.

In the case of capital projects, state the steps required to complete the proposed construction or acquisition.

#### 3. Responsibility:

In the next column, describe who will plan and deliver each activity. For example, if the results include updating wiring in your building, the workplan should include obtaining an inspection from Hydro One as an activity and specify who will have responsibility for organizing the inspection (example: a volunteer or a general contractor)

#### 4. Timeline:

Each goal or activity should include an estimated timeframe as to when you will begin this activity and when you plan to complete. This will help you keep track in terms of planning and implementation.

#### 5. Results:

Your work plan should include a list of concrete and measurable outcomes that your organization expects to achieve during the length of your project. Each result should support your goals and be achieved through activities you identified in the Activities column.

Your results should be an itemized list of what you hope to accomplish. Results should be achievable and measurable and can be quantitative and qualitative. Don't stop at numbers and percentages; provide a more in-depth perspective on the impact of your project.

When you are deciding how to measure results, here are a few suggestions:

- Is there any easy way to quantify results? Example: Attendance Log or satisfaction survey
- What do you need to build into our program to ensure we have measurable results? Example: Make sure participants fill out questionnaires to assess their satisfaction with the project/event.

#### 6. Evaluation Plan:

The last column asks you to identify how you will know if your project has achieved the results you had planned for.

In this column you should identify the indicators of success: how you will know if your activities achieved the desired results and how will you measure them. The indicators of success in your evaluation plan should be connected to the measurable results you identified in the first column. If one expected result were to increase participation in a program, an increased number of participants would indicate success. One method of measuring would be through attendance logs.

The form in the application is designed for straightforward evaluations of simple projects. If you have a more complex project you may want to develop a more elaborative evaluation plan.

### WORKPLAN SAMPLE

Purpose/Goal: What do you intend to achieve?	Activities: What are the main steps needed to achieve your project goals?	<b>Responsibility:</b> Who will be responsible for each activity (in your organization or a partner organization)?	Timeline: When will each task begins and when will you complete?	<b>Results:</b> Your itemized list of expected accomplishments.	Evaluation Plan: How will you know if your work is successful? How will you evaluate the results of your activities?
ONE TIME FUNDI	NG				
Restock the reading material available for community use.	Create a listing of new books to purchase Purchase new books	Manager will compile listing of books to purchase for Director approval. Manager will place order	January to April 2020	An enhanced supply of reading material for community use.	The addition of new books available Feedback from users. Book usage
CAPITAL PURCH	ASE		1	<u> </u>	
Create a safe, clean and spacious seating environment at our fairgrounds.	Remove old grandstands Prepare site for new grandstands. Install new grandstands.	The selected contractor will be responsible for each step.	Summer June & July 2020	A brand new grandstand.	A successful Safety Inspection Number of individuals using the stands at various events. Comments/Feedback from public.
ONGOING			1		
Increase the efficiency and success of the organization by adding staff.	Post job opening Conduct Interviews Hire Complete Orientation	Director will complete steps in hiring new staff member.	January 2020	A fulltime staff person is hired.	Office has staff person available to compete administative duties Completion of Job Evaluation Daily supervision

## Part C – Financial Requirements

#### 16. Amount of funding requested:

Indicate the total amount of money you are requesting from the SNCDT to contribute to your project.

Please prioritize your expenditures by identifying the items of highest need in the table provided.

# **17**. **Be sure to include your last year's financial statements.** Audits for organizations who complete yearly audits.

#### Financial Summary - Page 9

Complete this section carefully following the notes at the bottom of the page.

Since funding is limited the SNCDT will look more highly at organizations that have demonstrated they also have a financial commitment in the project.

SNCDT needs to know if there is a financial commitment from any other organization. Please indicate all funding secured and list any pending applications.

If you are charging fees, you should demonstrate how these fees are going back towards expenses for this project. Fees should not offset expenses outside your proposed project i.e. fees pay salaries.

SNCDT needs to see that you have generally accepted accounting principles in place. If you do not have the ability to do own financial of the financials needs during the project these costs can be included in your proposal as an additional expense.

#### Cash Flow – Page 10

This Financial Summary and cashflow should match the work plan expectations and funding requirements. The cashflow worksheet is only a guideline. You can change the budget items listed or create your own to match your current financial statements. You should also change the month titles to reflect your project workplan. Please keep within one calendar year (January – December).

#### Salary Request

Salary requests must include job descriptions, notice of completion, outline of hiring process to be completed and statements of qualifications.

#### Breakdowns

All costs over \$500.00 should be listed on a separate page under budget notes. Example: Salary \$18,200.00 = 35 hours @ \$10.00/hr for 52 weeks.

#### Quotes

All major capital costs over \$2500.00 will require 3 written estimates. All major contract work over \$2500.00 will require 3 written estimates.

Any quotes from suppliers or sub-contractors should reflect the anticipate start date of the project.

#### Summary of Quotes – Page 11

Please summarize and prioritize all three of your quotes and explain your ranking.

\_\_\_\_\_

#### Financial Definitions:

Capital Expense: expenses incurred by a business for start up.

- **Capital Goods:** expenses to purchase machinery, or goods to be used to produce a commodity.
- **Office Supplies:** expenses incurred to purchase consumables such as pens, paper, and toner, etc.
- **Furniture & Equipment:** expenses incurred to purchase office furniture and equipment such as adding machines, desks, computers, photocopiers, and faxes, etc.
- **Operating Expenses**: expenses incurred by a business for the daily operations, such as heat, hydro, maintenance, janitorial fees.
- **Remuneration:** any and all financial forms of payments, wages, salaries, honorarium, stipend, monetary compensation.
- **Travel/Mileage:** expenses incurred by an employee when traveling on project related business.
- Lease Hold Improvements: to mean any renovations made to office or building being rented to perform projects. Please note The Trust will not approve Lease Hold Improvements on office/buildings located on private property.

Include the expenses of your *whole* project, not just amount requested from the SNCDT.

Itana	Total Evenence	Requested	Incomes for other sources		In-Kind Contributions		Source & Contact Person	
Item	Total Expense	Income SNCDT	Confirmed Potentia		Confirmed	Potential	Telephone & Email	
Salaries & Benefits	46,610	30,000	16,610	0	0	0	Source: Federal Contact Person: H.Dollars Contact #: xxx-xxxx	
Program Costs (Program-related expenses such as materials, resources, travel, promotion)	7,390	0	6,790	0	600	0	Source: Provincial Funding Contact Person: A.Gates Contact #: xxx-xxxx In-Kind – Printing Contact Person: M.Giving Contact #: xxx-xxxx	
dministration (Rent, insurance, office supplies, account & legal)	19,300	4,000	9,000	6,300	0	0	Source: Grant Dollars - \$9,000 Contact Person: M.Funder Contact #: xxx-xxxx Source: Potential Bursary dollars Contact Person: K.Undecided Contact #: xxx-xxxx	
Capital (Computers, office furniture, equipment, renovations, repairs)	6,000	6,000	0	0	0	0		
Miscellaneous (Please specify)	0	0	0	0	0	0		
TOTAL	\$79,300.00	\$40,000.00	\$32,400.00	\$6,300.00	\$ 600.00	\$ 0.00		
	A	= B ·	+ C -	F D ·	+ E ·	+ F	1	

# FINANCIAL SUMMARY SAMPLE

#### Note:

• Please include sponsorships, donations, grants and other financial assistance

• Include our own contributions to the cost of the initiative and those in-kind contributions of your donors and community partners

• Specify the source of confirmed and potential income (including in-kind contributions) and provide the name, phone # and e-mail

• Your total expenses should balance with the total of all income and contributions.

Cashflow is a monthly breakdown of your <u>whole</u> project, not just amount requested from the SNCDT.

Project Cashflow 2020		SAMPLE ONLY											
	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Total
REVENUE													
SNCDT Funding	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	7,000	\$ 40,000
Program Funding	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	\$ 24,000
Other Funding	1,200	500	500	500	500	9,100	500	500	500	500	500	500	\$ 15,300
(a)TOTAL REVENUE													\$ 79,300
EXPENSES													
Human Resources													
Staff Salaries	4,000	3,200	3,200	3,200	4,000	3,200	4,000	3,200	3,200	4,000	3,200	3,200	\$ 41,600
Staff Benefits	97	78	78	78	97	78	97	78	78	97	78	78	\$ 1,010
Honorariums Paid	1,000			1,000			1,000			1,000			\$ 4,000
Administration													
Insurance	1,000												\$ 1,000
Internet Service	65	65	65	65	65	65	65	65	65	65	65	65	\$ 780
Photocopy & Fax Fees													\$-
Postage & Courier	10	10	10	10	10	10	10	10	10	10	10	10	\$ 120
Rent	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	\$ 12,000
Telephone/Fax	250	250	250	250	250	250	250	250	250	250	250	250	\$ 3,000
Utilities	200	200	200	200	200	200	200	200	200	200	200	200	\$ 2,400
Program Costs													
Advertising & Promotion	200				200				200				\$ 600
Bank Charges	20	20	20	20	20	20	20	20	20	20	20	20	\$ 240
Food & Entertainment													\$-
Mileage	100	100	100	100	100	100	100	100	100	100	100	100	\$ 1,200
Office Supplies	400	200	200	400			400		200	400		400	\$ 2,600
Police Checks	350												\$ 350
Resources													\$-
Training Allowances	2,400												\$ 2,400
Capital Costs													
Computers			3,000										\$ 3,000
Furniture & Equipment	1,500				1,500								\$ 3,000
Renovations													\$-
(b) TOTAL EXPENSES	\$ 12,592	\$ 5,123	\$ 8,123	\$ 6,323	\$ 7,442	\$ 4,923	\$ 7,142	\$ 4,923	\$ 5,323	\$ 7,142	\$ 4,923	\$ 5,323	\$ 79,300
(a-b) SHORT/OVER	\$ (12,592)	\$ (5,123)	\$ (8,123)	\$ (6,323)	\$ (7,442)	\$ (4,923)	\$ (7,142)	\$ (4,923)	\$ (5,323)	\$ (7,142)	\$ (4,923)	\$ (5,323)	\$ (0
NOTES:													
Breakdowns													
Salary - \$41,600 = 40 hrs	s/wk x \$20/h	ner for 52 we	eks										
Benefits - 1,010 = \$41,60													
Honorarium - \$4,000 = 2	faciliators @	\$500 per d	ay for quarter	rly visits									
Rent - \$12,000 = 100 sqt													
Training Allowance - \$2,4			00 registratio	on fee									
Insurance - \$1,000 flat ra													
Estimates													
Please find attached three	e quotes fro	m three diffe	erent stores fo	or exact san	ne compute	r purchase (	Future shop	, Made Com	puters & Co	mputers R	us)		
Furniture & Equipment th	e purchase	of filing cabi	nets and she	lving	-								

# **Summary of Quotes**

All major capital costs over \$2,500 and major contract work over \$2,500 require 3 written estimates

Please summarize and prioritize your quotes in the tables below. Quotes must be of the same specs and descriptions. Attach quotes to application. (Quotes will show specifics)

Quo	ote for	Van		
#	Supplier		Cost	Brief Summary
1	Stricklands		\$48,000	2018 Passenger 12 seat
2	John Ford		\$45,000	2018 Passenger Wagon XL 12 seater
3	Searle	S	\$47,500	2018 Passenger 12 seat

#### Please explain why the first quote is your top choice.

Stricklands is our top choice as we have a long term maintenance agreement for all our vehicle services.

Quo	te for	Health Center Extens	sion	
#	Supplier		Cost	Brief Summary
1	A to Z Construction		\$25,000	Addition of 10 x 12 Office space,
2	Macobe Construction		\$20,000	Addition of 10 x 12 Office space,
3	Builders Construction		\$25,000	Addition of 10 x 12 Office space,

#### Please explain why the first quote is your top choice.

We selected A to Z Construction as our top choice since we have used them in the past and they guarantee their work up to a year. They have experience with many of our local properties.

Que	ote for			
#	Supplier	Cost	Brief Summary	
1				
2				
3				

#### Please explain why the first quote is your top choice.

# Part D – Project Team

#### Project Team:

Your project team consists of all of the members of your team who are involved with your project and carry responsibilities, such as but not limited to, contact person, signing authorities, resource members, etc. Resumes attached should not exceed one page in length per team member.

If the Project Team will need to be hired (request for salary dollars), attach job descriptions, outline of hiring process to be completed, notice of competition and statements of qualifications.

If the Project involves a purchase of services, attach service descriptions and tender document.

#### Contact person:

Your contact person is the member within your Project Team who is listed on the first page of your application.

This person will be the primary contact for your project and will liaise with the SNCDT. They must be a registered Six Nations band member.

#### **Signing Authorities:**

Signing authorities are those team members within your Project Team who have authority to sign Financial Agreements and other documents (such as cheques, requests to the SNCDT, etc.)

The SNCDT requires a minimum of 2 signing authorities.

#### **Conflicts of Interest**

Applicants must reveal any relationships or interests they have which could unfairly influence their proposal, negatively affect the outcome of a project or otherwise jeopardize the integrity and reputation of the Trust.

### Part E – Release of Information

Please make sure that this section is signed by 2 (two) signing authorities listed on the Project Team.

# **The Appeal Process:**

Funding decisions may be appealed only on the grounds that the Six Nations Community Development Trust did not follow the established "proposal review process" consistently and eligibility.

The Six Nations Community Development Trust cannot consider appeals based on the merits of an application simply because the applicant disagrees with the Trust Board's decision. You must submit your appeal in writing to the Chairperson of the Six Nations Community Development Trust within 30 days from the time you receive your decline letter.

In exceptional circumstances a third party agreed on by the Trustees and the appellant may be asked to render an opinion.

Please ensure you clearly state the basis of your appeal. The contact person for the application must sign the letter of appeal. The SNCDT will respond, in writing, within 45 days of having received a letter of appeal.

# HELP NEEDED?

If you require any additional assistance with your application please feel free to contact the SNCDT staff. Please remember that our staff cannot write the proposal for you but they may be able to guide you in the right direction.

For those applicants requiring computer usage, appointments can be made to assist with inputting.

The Trust Coordinator is available to hold help sessions with applicants at a mutually convenient time. It is strongly recommended that first time applicants meet with the Trust Coordinator for application assistance. Please call and book a time that is mutually convenient for your schedule.

SNCDT Office Hours are Monday through Friday, 9:00 a.m. – 4:30 p.m.

# The deadline for applications is June 28th, 2019 at 4:30 p.m.

We will absolutely accept no late applications after 4:30 p.m.

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