

**Application Deadline Date change for 2020 year only due
to Covid-19**

Friday, July 31st, 2020 at 4:30 p.m.



Application Form 2020

Dear Applicant:

The allocation for 2021 funding will range from \$500,000 to \$600,000.

Please submit **only this application, SNCDT Application form 2020** package.

One (1) paper or electronic **copy** of your complete application is required. If more space is required to answer questions please attach a sheet and indicate the section and number of the question that you are answering. If using electronic version please type all information under the question in box provided.

- ❖ **ALL QUESTIONS MUST BE COMPLETED.**
- ❖ Please be mindful the appearance/completeness of your application is noted.
- ❖ Please use checklist attached to the Handbook.

Also be informed that should your organization receive funding from the Six Nations Community Development Trust:

- A Financial Agreement must be signed prior to the release of any funding
- A 10% hold back of funding is placed on all Financial Agreements, payment pending on approved final monitor.

All applications will be reviewed by the Trustees and if more information is required a letter will be sent. The request for further information in no way implies that your project has been approved. Failure to submit the requested information can result in your project not being approved for funding.

All applicants will be required to make a community presentation.

Projects where there are building renovations, land enhancements or infrastructure upgrades will need the following legal documentation included with 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

All submissions **require 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.

The deadline date for applications for 2020 only has changed to July 31st, 2020 at 4:30 p.m. due to Covid-19.

Applications will be accepted at the Six Nations Community Development Trust Office, Oneida Business Park, 50 Generations Drive.

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

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 the office for any assistance.

PART A – ORGANIZATION INFORMATION

Organization: _____

Mailing Address include Road Number (Blue flag number) _____

Town _____ Province/Territory _____ Postal Code _____

Telephone _____ Fax _____

Email _____ Website _____

Primary Contact Person _____

Band & Band Number _____

Telephone of Primary Contact _____

1. Is your organization/group: Not for profit For-profit

2. Will any member of board receive a wage or salary from this project?
No Yes → Please see exclusions on Page 1 and 2 of the Handbook – your application may not be eligible

3. What is your organization’s mandate/mission?

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

5. Describe your governance and management structure,
Describe Governance and Management Structure and insert organizations chart showing key positions.

List of Board Members

Board Members	Title

List Upcoming Board Meeting dates

Date/Time	Location

6. What activities have you provided or do you currently offer to the community? Provide details, including number of community members served.

7. How many staff members and volunteers belong to your organization?

	Full-time	Part-time
Staff		
Volunteers		

8. Have you received SNCDT funding in the past?

No (if no, skip to Part B) **Yes**

Please indicate the amount received to date: _____

9. If you have received SNCDT funding in the past, share with us how your organization has been successful with our funds through the years. (Include stats, results and how you have reached your goals)

PART B - INFORMATION ABOUT YOUR PROJECT

If more space is required, please attach sheets to answer questions, be sure to indicate the question number.

1. Title of your project:

2. Where will this project take place?

3. Project Dates (must fall within January 2021– December 2021)

Project Start Date: _____ End Date: _____

4. Provide an executive summary of your project below: (250 words max.)

A short description of your project’s purpose, goals and outcomes.

5. How will your project continue to operate after SNCDT funding is concluded?

Note: sustainability also applies to capital projects – i.e. staffing and maintenance of facilities, equipment, etc.

6. Have any research studies, surveys or questionnaires been referenced to determine the need(s) identified?

No Yes → Please identify and describe:

7. The SNCDT provides funding for projects related to community development, cultural development, economic development, education and health. Briefly describe which funding categories apply to this proposal and how they will be addressed.

8. How many members of the Six Nations Community will actively participate in your project? (provide an estimate of numbers, please do not use Six Nations population)

Children (0 – 12)	_____
Youth (13 – 18)	_____
Adults (19 - 64)	_____
Seniors (65+)	_____

9. How will you market (advertise) your project to engage these community members?

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

No Yes → Please describe below:

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

No Yes → Please describe below

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?

No

Yes → Please describe below

13. Will your project create any new physical infrastructure?

No

Yes → Please identify below

14. Will your project support, link or connect with any other community initiatives?

No

Yes → Identify below and attach letters of support (3 max).

15. Please provide a detailed work plan

Purpose/Goal: What do you intend to achieve?	Activities: What are the main steps needed to achieve your project goals?	Responsibility: Who will be responsible for each activity (in your organization or a partner organization)?	Timeline: When will each task begin and when will you complete?	Results: Your itemized list of expected accomplishments.	Evaluation Plan: How will you evaluate the results of your activities? How will you know if your work is successful?

PART C – FINANCIAL REQUIREMENTS

16. Amount of funding requested: _____

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

	Expense	Amount
1		
2		
3		
4		
5		
6		
7		
8		
9		

17. ATTACH LAST YEAR'S FINANCIAL STATEMENTS

(Please include your recent audit if available)

**Financial Summary - Must be a reflection of your whole project costs, not just the amount being requested.
Please be sure to indicate all other funding being sought.**

Item	Total Project Expense	Requested Funding SNCDT (must match Request)	Other Sources of Funding		In-Kind Contributions (given in non money form)		Source & Amount Requested & Due Date & Approval date Contact Person Telephone & Email Provide letters
			Confirmed	Potential	Confirmed	Potential	
Salaries & Benefits							
Program Costs (Program-related expenses such as materials, resources, travel, promotion)							
Administration (Rent, insurance, office supplies, account & legal)							
Capital (Computers, office furniture, equipment, renovations, repairs)							
Miscellaneous (Please specify)							
TOTAL							

Note:

- Please include sponsorships, donations, grants and other financial assistance letters
- Include our own contributions to the cost of the initiative and those in-kind (given in the form of goods or services and not money) 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.

Project Cashflow 2021 - must be a reflection of your whole project costs, not just the amount being requested.

	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Total
REVENUE													
SNCDT Funding													0.00
Program Funding													0.00
Other Funding													0.00
(a)TOTAL REVENUE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
EXPENSES													
Human Resources													
Staff Salaries													0.00
Staff Benefits													0.00
Honorariums Paid													0.00
Administration													
Insurance													0.00
Internet Service													0.00
Photocopy & Fax Fees													0.00
Postage & Courier													0.00
Rent													0.00
Telephone/Fax													0.00
Utilities													0.00
Program Costs													
Advertising & Promotion													0.00
Bank Charges													0.00
Food & Entertainment													0.00
Mileage													0.00
Office Supplies													0.00
Police Checks													0.00
Resources													0.00
Training Allowances													0.00
Capital Costs													
Computers													0.00
Furniture & Equipment													0.00
Renovations													0.00
(b) TOTAL EXPENSES	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
(a-b) SHORT/OVER	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

NOTES: *Personalize - Change and use the expense names you currently use for your project or in your current financial statements.*

Budget Notes to Cashflow

Breakdown all totals over \$500.00 below,

Example: Salary \$18200.00 = 35 hrs @ 10.00/hr for 52 weeks
 Rent \$12000.00 = 12 mths @ \$1000/mth
 IPADS \$2000 = 4 I pads @ \$500 each

Note:

Salary requests must include job descriptions, outline of hiring process, notice of competition and statement of qualifications. Please note that salary dollars are non-transferrable if approved.

Estimates - any quotes from suppliers or sub-contractors should reflect the anticipated start date of the project in 2021.

All major capital costs and contract work over \$2500.00 will require 3 written estimates. Please summarize and prioritize on next page, Summary of Quotes.

List Expense Breakdowns

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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.

Quote for			
#	Supplier	Cost	Brief Summary
1			
2			
3			

Please explain why the first quote is your top choice.

Quote for			
#	Supplier	Cost	Brief Summary
1			
2			
3			

Please explain why the first quote is your top choice.

Quote for			
#	Supplier	Cost	Brief Summary
1			
2			
3			

Please explain why the first quote is your top choice.

PART D – PROJECT TEAM

List the names of each Project Team member, identify their position, roles and responsibilities and attach brief (one page max) profiles of their related experience, training and expertise (including Elders, Traditional People, and consultants).

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.

Team member	Position on team	Roles & responsibilities

Indicate your signing authorities for this project.

#	Name	Title
1		
2		
3		

Please note:

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

I/We declare that all the information that has been provided to Six Nations Community Development Trust is true and correct. I/We therefore authorize the Six Nations Community Development Trust to obtain and/or make inquiries as deemed necessary for the evaluation of my application.

and that , I/We authorize any person, corporation or agency having information or knowledge of my project to release such information to the Six Nations Community Development Trust or a Representative thereof;

and that , I/We authorize The Six Nations Community Development Trust to release information or knowledge of my project to any person, corporation or agency and media requiring such information;

For the Recipient:

Signing Authority 1

Signing Authority 2

Printed Name

Printed Name

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You must submit One (1) complete application.

**Six Nations Community Development Trust
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