

APPLICATION DEADLINE DATE
June 28th, 2024 at 4:30 p.m.
No late applications will be accepted.



Application Form 2024

Dear Applicant:

The total allocations for 2025 funding will range from \$500,000 to \$600,000.

Please submit **only this application, SNCDT Application form 2024** package.

An electronic copy of your complete application is required.

In a continual effort to save paper we will only accept electronic copies. If you are unable to complete an electronic copy please contact the office.

- ❖ **ALL QUESTIONS MUST BE COMPLETED to be considered complete.**
- ❖ **Please ensure you read the handbook prior to completing this application.**
- ❖ **Please use checklist attached to the Handbook.**
- ❖ **More information may be requested at any time failure to supply information will deem your application as incomplete and will not be considered for funding.**
- ❖ **All applicants will be required to make a community presentation.**

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. This is dependent on the payment schedule (reimbursements and third party payments have no hold back.)

Projects where there will be 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 2024 is
June 28th, 2024 at 4:30 p.m.**

Applications will be accepted electronically in pdf format.

NO late applications will be accepted.

Applications must be submitted to email: coordinator@sncomtrust.ca.

The Trust Coordinator is available for 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.

Please ensure you read the handbook prior to completing this application.

PART A – ORGANIZATION INFORMATION

Organization: _____

Mailing Address include Road Number (Blue flag number)

Town Province/Territory Postal Code

Telephone Website

Email

Primary & Secondary Contact Person

Primary Person will be main contact

Band & Band Number

Telephone of Primary & Secondary Contact

1. Is your organization/group: Not for profit For-profit
2. Will any member of the board receive a wage or salary from this project?
No Yes → If yes, your project is ineligible
3. What is your organization's mandate/mission statement?

4. How long has your organization/group been in existence? _____
5. Governance and management structure. (See Handbook Note for this question for criteria)
 - a) Describe Governance and Management Structure and insert organizational chart showing key positions.

b) List of Board Members

Board Members	Title

c) List Upcoming Board Meeting dates

Date/Time	Location

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

7. How many active 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 total amount received to date: _____

9. If you have received SNCDT funding in the past please provide the following information

a)

Year of funds	Amount Approved	Purpose

b) Please provide statistics, results and how you 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 2025– December 2025)

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, questionnaires or other evidence been referenced to determine the need(s) identified? Example: Community Plan, Internal Needs Assessment, Ministry Guidelines)

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 the funding category(s) that best applies to this proposal and how it will be addressed.

8. How many members of the Six Nations Community will directly benefit by your project? Please provide the mechanism for tracking.

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

9. Please describe your engagement with the Six Nations Community?

(how do you plan to market your project, check all that apply and indicate further details below)

- Print
- Radio
- Personal Contact
- Internet
- Social Media
- Other

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

No Yes → Please describe below:

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

No

Yes → Please describe below

12. How will your project improve the skills or increase the experience/expertise of members of the Six Nations Community? (other than formal training)

No

Yes → Please describe below

13. How will your project create new physical infrastructure or capital? Example splashpad, waterline, etc. Please see handbook.

No

Yes → Please identify below

14. Will your project create any new resources? (tool kits, training and education items, books). Please see handbook. Include a listing of what material will be developed.

15. Please demonstrate how your project will collaborate with any other community initiatives?

No

Yes →

Please attach 2 letters of support from collaborating agencies.

16. Please provide a detailed work plan for January to December.

Purpose/Goal: What do you want 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?

17. Acknowledgement of the Trust

How will you acknowledge the SNCDDT for providing funding for the project?

PART C – FINANCIAL REQUIREMENTS

18. 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		
10		

19. ATTACH LAST YEAR’S FINANCIAL STATEMENTS

Please include your recent audit or
Council Departments must submit your profit center financials describing your own department funds.

Attached?

Yes

No → Explain why?

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 sources 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 2025 - must be a reflection of your whole project costs, not just the amount being requested.

	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	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 Ipads @ \$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 2024.

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	Email <small>(needed for docuSign signatures)</small>	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

**The deadline date for applications is
June 28th, 2024 @ 4:30 p.m.
No late applications will be accepted.**

Applications must be submitted to email: coordinator@sncomtrust.ca

**Six Nations Community Development Trust
Oneida Business Park, 50 Generations Drive
Box 7, Suite 111, Ohsweken, ON N0A 1M0
Phone: 905-765-1236
Email: coordinator@sncomtrust.ca**