



## 2023 Project Funding Application Form

**Application Deadline is  
Friday March 10, 2023 @ 5:00 p.m.**

**See page 13 for Trustee contact information and where to send your proposal**

## PART A – INFORMATION ABOUT ORGANIZATION

### ORGANIZATION

**Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_

**Physical Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Telephone (Office):** \_\_\_\_\_

**Telephone (Cellular):** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Website:** \_\_\_\_\_

### PRIMARY CONTACT PERSON

**Name:** \_\_\_\_\_

**Band Number:** \_\_\_\_\_

**Telephone (Office):** \_\_\_\_\_

**Telephone (Cellular):** \_\_\_\_\_

**Email:** \_\_\_\_\_

### BACK-UP CONTACT PERSON

**Name:** \_\_\_\_\_

**Band Number:** \_\_\_\_\_

**Telephone (Office):** \_\_\_\_\_

**Telephone (Cellular):** \_\_\_\_\_

**Email:** \_\_\_\_\_

**1. What is your organization’s mandate and mission?**

\*Insert your answer here\*

**2. How long has your organization been in existence and in operation?**

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**3. Is your organization a business for profit?**

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**4. How does your organization make decisions and how often do you meet?**

\*Insert your answer here\*

**5. How many employees do you currently employ? Are they full-time, part-time or contract employees?**

\*Insert your answer here\*

**6. What target group(s) of the Mohawks of Akwesasne are you currently serving?**

\*Insert your answer here\*

## PART B – INFORMATION ABOUT YOUR PROJECT

*(If more space is required to provide a complete answer, please attach the additional information clearly indicating which question it relates to)*

**1. Title of your project:**

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

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**3. Amount of funding requested:**

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**4. Other source(s) of funding:**

<p>*Insert your answer here*</p>
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**5. How will your project proceed if other source(s) of funding is/are not provided:**

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**6. Project Start Date and Project End Date:**

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**7. Brief description of your project:**

<p>*Insert your answer here*</p>
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**8. Goals of the project:**

<p>*Insert your answer here*</p>
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**9. What results do you expect to achieve over the course of your project?**

\*Insert your answer here\*

**10. How will your project continue to operate after funding from the Trust is exhausted?**

\*Insert your answer here\*

**11. Please explain how your project qualifies under the current Community Priorities being funded, as per the list included in the 2023 Handbook for Community Project Proposals.**

\*Insert your answer here\*

**12. Provide research, such as studies, surveys and questionnaires that have been completed that demonstrate Community support and/or needs of your project, or that assisted in the development of your project. Attach information and provide summary below.**

\*Insert your answer here\*

**13. How will the Mohawks of Akwesasne benefit from this project?**

\*Insert your answer here\*

**14. Who will your project service and how many individual Community Members, organizations and businesses (as applicable) will be served within the project funding timeline?**

\*Insert your answer here\*

**15. What is your Community communication plan for your project?**

\*Insert your answer here\*

**16. How will your organization acknowledge the Trust for contributions made to your project?**

\*Insert your answer here\*

**17. Will your project create employment for Mohawks of Akwesasne Members?**

\*Insert your answer here\*

**18. Please provide a project work plan**

<p><b>1. Activities:</b> What are the main steps needed to achieve your results?</p>	<p><b>2. Responsibility:</b> Who will be responsible for each activity (in your organization or a partner organization)?</p>	<p><b>3. Timeline:</b> When will each task begins and when will you complete?</p>	<p><b>4. Results:</b> Your itemized list of expected accomplishments.</p>	<p><b>5. Evaluation Plan:</b> How will you know if your work is successful? How will you evaluate the results of your activities?</p>

## PART C – FINANCIAL REQUIREMENTS

### 1. Has your organization/group completed any fundraising activities?

\*Insert your answer here\*

### 2. List sources of previous and anticipated funding sources and funding amount(s)

\*Insert your answer here\*

### 3. Will your project generate income or collect user fees?

\*Insert your answer here\*

### 4. Describe how accounting records are maintained

\*Insert your answer here\*

### 5. Describe how you will ensure risks are covered (i.e., insurance requirements)

\*Insert your answer here\*

### 6. Provide financial statements

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### 7. Project Budget

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*(For ease of preparation, a template is available in Microsoft Excel for the preparation of a budget. We recommend that you use the Microsoft Excel for the preparation of the budget)*



[REPLACE BY TITLE OF PROJECT] - 2017 TRUST BUDGET REQUEST				
EXPENSE CATEGORY	Trust Request	Other Sources	Total Budget	JUSTIFICATION
<b>PERSONNEL</b>				
Salaries			-	
Honoraria				
			-	
<b>TOTAL PERSONNEL</b>	\$ -	\$ -	\$ -	
<b>FRINGE BENEFITS</b>				
Benefits on salaries			-	
<b>TOTAL FRINGE BENEFITS</b>	\$ -	\$ -	\$ -	
<b>TRAVEL</b>				
			-	
<b>TOTAL TRAVEL</b>	\$ -	\$ -	\$ -	
<b>EQUIPMENT</b>				
			-	
			-	
			-	
<b>TOTAL EQUIPMENT</b>	\$ -	\$ -	\$ -	
<b>SUPPLIES</b>				
			-	
			-	
<b>TOTAL SUPPLIES</b>	\$ -	\$ -	\$ -	
<b>OTHER</b>				
			-	
			-	
			-	
			-	
<b>TOTAL OTHER</b>	\$ -	\$ -	\$ -	
<b>TOTAL PROJECT COSTS</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	

**PART D – PROJECT TEAM**

Team Member (Name)	Position or title	Roles and responsibilities	Signing Authority (Y/N)

**PART E – RELEASE OF INFORMATION**

I/We declare that all of the information provided to the Mohawks of Akwesasne Community Settlement Trust in this document and any additional documents attached is true and correct. I/We authorize the Mohawks of Akwesasne Community Settlement Trust to obtain and/or make inquiries as deemed necessary for the evaluation of this application.

I/We authorize any person, corporation, agency or other entities having relevant information or knowledge of this project to release such information to the Mohawks of Akwesasne Community Settlement Trust or their appointed representative.

I/We authorize the Mohawks of Akwesasne Community Settlement Trust to release information or knowledge of this project to any person, corporation agency or other entities requiring such information.

I/We authorize the Mohawks of Akwesasne Community Settlement Trust to disclose and share with the Members of the Mohawks of Akwesasne the nature of any projects approved, the amount of funding approved, the principal applicants involved in any approved directions and the status of the project.

I/We acknowledge that if the Trust approves funding for this project application, no additional funding can be obtained from the Trust for this specific project application.

I/We confirm that a least one of the contact persons with decision-making and signing authority will be attending the information session scheduled for Wednesday, April 5, 2023 at 6:00pm if this proposal is selected for funding by the Trust (a virtual meeting invitation will be shared with selected applicants).

**Signed, on behalf of the Applicant:**

\_\_\_\_\_  
Signing Authority

\_\_\_\_\_  
Signing Authority



## PART F – MEMBERSHIP CONFIRMATION

For the individual named as a contact person, **please complete only Part 1 of this form**, including your name and date of birth and submit this form in your application.

**Do not submit this form to the Office of Vital Statistics** – the Trust will send all Membership Confirmation forms at once to the OVS.

### PART 1 - CONTACT PERSON INFORMATION

Name: \_\_\_\_\_

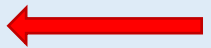
Date of Birth: \_\_\_\_\_

Registry Number: \_\_\_\_\_

I am the identified contact person for a proposal for funding submitted to the Mohawks of Akwesasne Community Settlement Trust. The Trustees will need additional membership information as listed in part 2 before acceptability of proposal can be determined. When complete, please forward this form to the Mohawks of Akwesasne Community Settlement Trust.

Contact Person Signature: \_\_\_\_\_

**PLEASE SIGN HERE!  
(1 SIGNATURE)**



### PART 2 –STATUS OF MEMBERSHIP

- Member under Akwesasne Membership Code
- Probationary member under the Akwesasne Membership Code  
Expiration date of Probation Period: \_\_\_\_\_
- Not a member under Akwesasne Membership Code

\_\_\_\_\_  
Manager/Membership Officer  
Office of Vital Statistics

\_\_\_\_\_  
Date

**Application Deadline is  
Friday March 10, 2023 @ 5:00 p.m.**

Your application must be sent by email in Adobe Acrobat (pdf) format to [applications.akwtrust@gmail.com](mailto:applications.akwtrust@gmail.com)

Applications received after the deadline will be given no further consideration. The Trust will not be responsible for any delays in the delivery of application sent by email.

If you have questions or require any additional assistance with your application, please feel free to contact the Trust at [applications.akwtrust@gmail.com](mailto:applications.akwtrust@gmail.com) or any of the Trustees:

Trustee Name	E-mail	Phone contact
Patricia Adiaconitei	adiaconitei@xplornet.com	613-551-4681
Katelynn Delormier	kkdelorm@gmail.com	518-333-6642
Amanda M. Jacobs	nutjac_22@yahoo.com	518-651-1982
Patricia Oakes	mohawk27@sympatico.ca	613-360-3283
Marie Seymour	cleoz4@yahoo.com	315-323-2841
Wendy M. Thompson	wendy.thompson16@hotmail.com	315-705-5429

Please note that this Call for Project Proposals is administered only by the Mohawks of Akwesasne Community Settlement Trust.

**MCA is not involved in this process and will not answer questions, and proposals should not be dropped off at MCA.**