



Peguis TLE Trust Community Fund Trustee Application Form

Section 1: Applicant Information

Please note, if you require more space, please attach the added comments or support material to the end of the application form.

Applicant Name

Address

Town

Province

Postal Code

Peguis Band Registration Number (aka Treaty Card)

Telephone

Fax

E-mail

Website

Primary Contact Person

Position

Section 2: Project/Program Information:

a) Title and detailed description: _____

b) Is project non-profit?

Yes No

2. What does the funding application support? (Check one):

First Time Funding _____

On-going Funding _____ (explain why you would need on-going funding)

3. How long will your project/program last?

a) Months: _____ Weeks: _____ or On-going: _____

b) Start Date: _____ Completion Date: _____

4. What are the goals and objectives of the project (Appendix C: Project/Proposal Plans & Evaluations)? How do these fit in with Peguis' long-term priorities?

a) _____

b) _____

c) _____

5. Where will the project/program/business take place? _____

6. Who will your project serve (check one and complete all that are applicable)?

Community On Reserve

Community Off Reserve

Other (e.g. Elders, Youth, Children, etc.)? _____
(please specify)

7. Describe the activities and methods you will use to achieve your project goal and objectives.

8. How will your project continue to operate after the funding from the Trust is finished?

9. From the Trust criteria, which criteria does your request fall under?
(check all that apply)

- Social
- Economic Independence
- Infrastructure
- Community Health
- Culture and Identity
- Community Training and Education
- Community Betterment
- Increased Community Income
- Generation of More Jobs
- Additional Occupational Training and Development
- Other _____

10. From the Trust criteria, which item does your request fall under? (Check one or more)

- Community development and improvement initiatives including infrastructure, equipment or enhancement of recreation facilities
- Treaty Days, Pow-wow and Community Gatherings
- Preservation of the language and cultural heritage
- Provision of supplementary or enhanced health care related services
- Enhance or promote educational opportunities
- Support assistance to address the special needs of Peguis elders
- Acquire, establish or build a credit union or Trust Company
- Housing – will be referred to the Peguis First Nation Housing Department
- Promote or establish business or commercial operations beneficial to the members, employment
- Youth Initiatives
- Sports/Clubs Activities
- Any other activity beneficial to the Peguis Community members

11. What research and/or studies have been completed to determine the need(s) identified (e.g. needs analysis, feasibility study)?

12. What is the benefit to the Community that this project/proposal/business plan will provide?

13. How many people will benefit? _____

14. How many positions will be created? _____

a) Term of employment: Months: _____

b) Average Weekly Wage: \$ _____

c) How many full-time jobs will be created after completion of the project/ program?

15. Please provide a list of all known suppliers and contractors to be used:

Name of Supplier or Contractor: _____

Organization or Company: _____

Peguis Band Registration Number: _____

Name of Supplier or Contractor: _____

Organization or Company: _____

Peguis Band Registration Number: _____

Name of Supplier or Contractor: _____

Organization or Company: _____

Peguis Band Registration Number: _____

Name of Supplier or Contractor: _____

Organization or Company: _____

Peguis Band Registration Number: _____

Financial Requirements

16. How much Funds are you requesting? _____

17. Is there funding available from any other source?

No

Yes, if so name source _____

18. Have you approached any other funding agency prior to approaching the Trust?

No

Yes, if so please give details _____

19. (a) Is the request for funding from the Trust to be utilized with any other funding source(s)?

No

Yes - If so, please complete Appendix A: Budget Worksheet

(b) How much money are you putting in of your own?

What % is the breakdown? _____

20. Does this application include funding costs associated with operations and maintenance? Yes No

⇒ **If yes**, please complete the Appendix B: Operation & Maintenance Worksheet

Does this application include funding for capital construction? Yes No

If yes, please provide a copy of all architectural drawings & plans pertaining to your project (i.e. housing plans, sewer & water designs, etc.). These drawings & plans must accompany this application to be considered a completed submission.

Section 3: Monitoring and Evaluation

Each project/project funded by the Trust must monitor and evaluate its project on a regular basis. Please describe, in detail, how you will monitor and evaluate the progress and outcome of your proposal/project. Also, please identify the anticipated frequency of such updates.

Section 4: Members of your Team

List the name of each team member; describe their position, roles and responsibilities. If the team will need to be hired, attach job description(s) and statement of qualification. Indicate if the member has signing authority.

Please identify their Peguis Band Registration Number. (if applicable).

Team Member & Peguis Band Registration Number	Position	Roles & Responsibilities	Signing Authority? Yes/No	Enclose Character Profile (+Experience)

Section 5: Budget

BUDGET	1st Quarter Jan to Mar	2nd Quarter April to June	3rd Quarter July to Sept	4th Quarter Oct to Dec
Revenue				
Expenses				

Disclosure

I certify the information contained in this application is true to the best of my knowledge and agree to allow the Peguis TLE Trust Community Fund Trustees to verify the information in this application. I understand that any payment made to me/us that creates a taxable situation will be my/our responsibility and I/we do not hold the Peguis TLE Trust Community Fund Trustee/Trust responsible.

Print Name: _____

Signature: _____

Date: _____

Position: _____

I have attached a letter of support

[] Yes [] No

APPLICANT CHECKLIST

Please review the application to ensure you have completed the following sections:

- Answered all questions in Sections 1 to 4 - if applicable
- Architectural Plan, Drawings – if applicable
- Completed Appendix A: Budget Worksheets (Co-Funding, Revenue, Expenses)
- Completed Appendix B: Operations & Maintenance Worksheet
- Completed Appendix C: Project/Proposal Evaluation
- Letter of Support

Please remember to sign and date the Application Form.

A Report Will Be Required

You will be required to provide a report, should your application be successful. A Report will be included with your approval letter, which you will need to complete. Your project will need to include information about how you intend to evaluate and report your progress (Appendix C: Project/Program Evaluation).

Your report should answer the following questions:

Are you on track with your project plan? If not, why not and what can you do to stay on schedule.

Did you do what you said you would do in your proposal?

What have you learned about what worked and what didn't work in this program or project?

What impact has this project had in addressing the needs of the community?

Appendix A: Budget Worksheet

Co-Funding

Co-funding will enhance your chances of getting funding from the Trust. Please describe how you will work with other groups, organizations or communities in achieving the objectives of your program or project.

Organization Name	Type of Support		Value of Contribution	Purpose of Contribution	Contribution start date	Contribution End Date
	Funds	In-Kind				
			\$			
			\$			
			\$			
** Total Value			\$			

Specify the purpose of the monetary contribution (for example: equipment lease or purchase or in-kind contribution such as free office space).

*** Total Value of Co-funding to be inserted into Budget Revenue Worksheet*

BUDGET REVENUE WORKSHEET				
	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
Trust Funds Applied for				
Other Revenue from Co-funding Worksheet				
* Other Revenue				
** Total Revenue	\$	\$	\$	\$

** Please specify the source of Other Revenue.*

EXPENSES

Please refer to *Explanation of Expense Items* on the following page to assist you in the completion of the *Expense Worksheet*.

BUDGET EXPENSE WORKSHEET				
Estimated Expenses	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Salaries & Payments				
Benefits				
Travel				
Human Resources & Consultant Fees				
Honoraria				
Training & Professional Development				
Meeting Room & Office Rental				
Administrative Costs				
Audit & Evaluation				
Program Supplies & Resource Material				
Equipment Rental				
Transportation Costs				
Production Costs				
Distribution Costs				
Other Costs				
* Total Expenses	\$	\$	\$	\$

Explanation of Expense Items

Salaries & Payments:

Provide a list of employees' positions and whether the job is full-time or part-time. If it is part-time, please show the approximate number of hours the employee will work per week. This category is for employees and doesn't apply to consultants and contractors.

Benefits:

This applies to the costs of the employer's contribution, both statutory and benefit plans as prescribed by the federal and provincial governments and/or employer. The percentage of benefits applied against gross salaries may include the employers' costs in relation to Canada pension Plan. Employment Insurance and mandatory holiday pay in lieu of leave (especially for part-time or casual employment positions), severance pay, termination benefits and other benefits by the employer such as RRSP's and life insurance.

Travel:

This applies to all work-related travel by employees.

Human Resources and Consultant Fees:

Provide a list of contract positions and whether the work is full-time or part-time. If part-time, show the approximate number of hours per week.

Honoraria:

This is a gift of money to thank Elders, helpers, speakers or others who are not consultants.

Training and Professional Development:

Please list the type of training and indicate who will benefit.

Meeting Room and Office Rental:

This refers to rent and utilities.

Administrative Costs:

This includes bookkeeping fees, postage, stationary, clerical expenses, such as faxes, phone calls, photocopies, etc.

Audit and Evaluation:

This includes the costs associated with the production of audit and evaluation materials.

Program Supplies and Resource Material:

This includes such items as flip charts, visual aids, books, etc.

Equipment Rental:

This includes phones, faxes, photocopiers, computers, printers, etc.

Transportation Costs:

This includes the costs of participants travel.

Production Costs:

If the funding is to be used to produce materials, specify what you will be producing, such as a pamphlet, brochure, etc.

Distribution Costs:

Specify who you will distribute the materials to and how you intend to distribute them.

Other Costs:

This could include other costs such as childcare, insurance, advertising, etc.

Appendix B: Operations and Maintenance

Will there be additional funding for Operations & Maintenance other than from the Trust? Yes No

What are the sources? Please provide as much detail as possible and complete Appendix A: Budget Worksheet.

Has an application for additional Operations & Maintenance funding been made to other funding sources? Yes No

⇒ **If yes**, has the application been approved? Yes No

⇒ **If yes**, please provide the commitment letter(s) from the funding sources.

Has Operations & Maintenance been provided from the Trust previously, for this project? Yes No

⇒ **If yes**, how much was provided each year? Year _____ Amount \$ _____
Year _____ Amount \$ _____

How long will Operations and Maintenance funding be required from the Trust?

Appendix C: Project/Program & Evaluation

GUIDELINES

TO HELP YOU PREPARE A PLAN FOR YOUR PROGRAM OR PROJECT

Your plan should be able to answer the following questions:

What is the title of your project?

Your title should be descriptive of your project.

What is the overall goal of the initiative?

This is the purpose and aim of the project and should fit in with the overall vision of the organization making the application.

What are the objectives?

These are the steps the initiative takes towards the goal. There will probably be more than one objective.

What is the strategy?

Each objective has a strategy to achieve it. Describe the methods and activities being carried out to achieve each of the objectives.

What are the policies that you have in place?

These are policy and procedures for your program.

What effect will your program or project have on the Peguis Community?

Tell us for each objective, what outcomes or benefits will be expected as a result. This could include such things as estimate of how many people will take part or benefit directly from the activity. How will the program help meet Peguis' long-term priorities?

What is the duration or time frame of the program or project?

If it is a project, specify how long it will take to complete. If it is a program, specify its duration (which may be ongoing).

How much will it cost?

After you have completed your budget and other supporting materials, please specify how much the overall project or program will cost and include it in your plan.

Who will manage the project?

Give the name and qualifications of the person who will be managing the project to demonstrate they have the necessary background to meet the objectives.

What evaluations are put in place?

Describe how often you will evaluate your project – e.g. quarterly, yearly

If you have any questions regarding the development of your plan, please contact the Peguis TLE Trust Office by: Phone: 1 (204) 645-3943, email: peguistletrust@gmail.com, fax: 1 (204) 645-2841, mail: Box 749, Peguis, MB. R0C 3J0 or website: peguistletrust.ca

Sample of a Work Plan:

Title of the Project					
Goals:					
1. _____ _____					
2. _____ _____					
3. _____ _____					
4. _____ _____					
Objectives (brief points)	Strategies (brief description)	Deliverables (briefly describe)	Timeframe (state how long)	Total	Manager Name & Title