



**Committee Use ONLY**

Ref # 141 \_\_\_\_\_

Applicant Code \_\_\_\_\_

## Beausoleil First Nation C.A.R.E Committee

### C.A.R.E Application

**THIS IS THE OFFICIAL APPLICATION FOR THE C.A.R.E PROGRAM FUNDED BY BEAUSOLEIL FIRST NATION TO SUPPORT THE MEMBERSHIP IN THE FOLLOWING:**

**Cultural:** This area is intended to support activities that are related to our culture as Anishnaabe People to retain our knowledge and our of life by participating in Community Events, Training, Workshops, Traditional Teachings, Purchase of training.

**Arts:** This area is intended to provide support for our Status members who are studying arts, which can be in various forms. To provide for instruction, Workshops, Art materials, Instruments etc.

**Recreation:** This area is intended to support our members who are involved in sports; training, workshops certification, annual fees travel etc.

**Entertainment/Education:** This area is intended to support our status members who are interested in Group/Individual trips for entertainment/ Educational or support and entertainment related activity.

**Priority will be given to STATUS members who have not yet applied for funding from the C.A.R.E fund previously. ( group or individual applicants).**

Your Application must include supporting documentation; Posters, invoices, pictures etc, power point presentation of event or function, or have a presenter present their case to the committee.

The successful applicant will be based on the committee's point system. The successful applicant will be contacted, Via email, Telephone, when a final decision has been made at First Nations Council Level.

If you are the successful applicant you are to provide the committee with proper documentation on your event within 30days of the event, failing to do so will disqualify you from any future applications.

**All applications can be sent to the Band office in the care  
It is a requirement to have supporting documentation on file, of the  
success the C.A.R.E fund has supported to you the applicant.**

## Applicant Information

Submitted by: \_\_\_\_\_

Beneficiary (applicant) \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_ e-mail: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Submitted to: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Applying for Funding as a:      **Group**      **Individual**  
Please circle one.

Please include in your application, a copy of your Beausoleil First Nation Status Card for the purpose of our committee use.

**A.** Please describe the activity/project you are involved in:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B.** How long have you /group been involved in this activity:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C.** Please describe & provide the name of the Organization or Association that hosts the activity.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D.** Tell us about the levels of achievement (certificates, awards etc.) you have attained to date:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**E. Please tell us about your community involvement, list activities that you are involved in:**

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**F. Please provide CONTACT INFORMATION of your references:  
(coaches, teachers, instructors, First Nation Program Manager ect.)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**G. How will this project or activity benefit you or the BFN community? Please explain ( separate paper may be used if necessary).**

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**H. Please list the reasons you are requesting the support:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**I. Please provide a list of costs and actions that you/group provide to support this activity.**

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<u>Project/Activity Costs</u>	<u>Amount</u>
<b>Total Costs</b>	<b>\$</b>

<u>Other Project Funding</u>	<u>Amount</u>
<b>Fundraising</b>	
<b>Personal Donation/ Inkind Donation:</b>	
<b>Total of Other Funding</b>	<b>\$</b>
<b>Balance of Funding Required</b>	<b>\$</b>
<b>Amount being requested from the CARE fund</b>	<b>\$</b>

**Examples of eligible costs:**

Contribution towards Sports/Hockey Membership, Travel to a distant event– Percentage of Hotel Costs, Contributions are payable to a Third Party only i.e. Hotel, Sports Association, School etc.

**Maximum Levels of Funding Provided by C.A.R.E.**

**Individual:** Up to \$500.00 maximum per Individual

**Group:** Up to \$1,000.00 maximum per group

1. **We/I agree to provide the necessary documents as required or requested to complete the assessment of this application.**
2. **We/I agree that if our application is approved, we will meet the reporting requirements. We also understand that failure to comply with reporting requirements will effect future applications**
3. **We/I are also willing to provide an activity report or update of the activity along with pictures or video for community presentations, photo albums and promotional material for the program (CARE)**
4. **We/I also acknowledge that the funding approvals for individuals are only accepted once per year.**

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_