



# Beausoleil First Nation Culture, Arts, Recreation, Entertainment Fund Individual/Group Application

100 Hundred O'Gemaa Miikan  
Christian Island, ON  
L9M 0A9  
705-247-2051 Fax: 705-247-2239 Email: [CARE@chimissing.ca](mailto:CARE@chimissing.ca)

**PLEASE REFER TO C.A.R.E POLICIES PRIOR TO COMPLETING. PLEASE ENSURE APPLICATION IS COMPLETE WHEN RECEIVED BY THE OFFICE. INCOMPLETE APPLICATIONS WILL BE RETURNED FOR COMPLETION. APPLICATIONS MUST BE SUBMITTED ON THIS APPLICATION FORM ONLY. REPRODUCTIONS OR DUPLICATIONS WILL NOT BE ACCEPTED.**

## APPLICANT INFORMATION

APPLICANT NAME:

.....  
*(Name of group or individual)*

STATUS CARD NUMBER:

.....  
*(Please provide proof as well)*

APPLICANT AGE(S):

.....  
*(Team or individual)*

PARENT/GUARDIAN NAME(S):

.....  
*(If applicant is under 19 years of age)*

CONTACT PERSON:

MAILING ADDRESS:

Home phone ..... Work phone ..... Cell phone .....

Fax ..... Email .....

## PLEASE CHECK THOSE AREAS THAT APPLY TO YOUR APPLICATION:

- CULTURE
  - ARTS
  - RECREATION
  - ENTERTAINMENT
-



**BENEFITS:**

How will your project/application benefit you or your community? Check where applicable:

- Role Model Creation     Increased Fitness     Self-Improvement/Esteem     Leadership Development
- Community Pride     Improved Health     Community Participation
- Other

Please specify:

.....

.....

.....

**COMMUNITY SERVICE:**

Provide specific name of group, activity or organization that you will be volunteering for. A minimum of four hours of volunteerism per individual is required. Community Service is to be completed upon approval of funds. Applicants must provide letters (including team/group list of those whom volunteered) verifying completion of Community Service upon request. Failure to complete community service will affect future applications. **NOTE: Community service cannot be the activity that was submitted on your application.**

Check applicable service:

- Sports team/Organization     School     Church     Elderly     Dinner/Luncheons
- Pow-Wow Committee     Holiday Event     Special event/other     Community Beautification

Please specify name of team, organization, school, church, event, community, etc:

.....

.....

.....

Have you been approved for funding by the C.A.R.E Fund before? If yes, did you complete your final report? Did you provide the required Community Service form, summary and proof of acknowledgement? What was your Community Service and when was it conducted? (If this is your first application, please skip this section)

.....

.....

.....

.....

**ACKNOWLEDGEMENT**

Please provide a clear description of how you will acknowledge the contribution of the C.A.R.E Fund (e.g., appreciation certificate, newspaper ad, plaque, photo, presentation, etc):

.....

.....

**BUDGET**

**PROJECT COSTS AMOUNT**

Please list **ALL** costs required to complete your project/event

.....	\$ .....
.....	\$ .....
.....	\$ .....
.....	\$ .....
.....	\$ .....
.....	\$ .....
.....	\$ .....
.....	\$ .....
.....	\$ .....
.....	\$ .....
.....	\$ .....
.....	\$ .....
<b>TOTAL COSTS</b>	\$ .....

**OTHER PROJECT FUNDING AMOUNT:**

Please list **ALL** other funding sources, confirmed or anticipated, for your project/event

..... <i>(Fundraising)</i>	\$ .....
..... <i>(Personal/Donation)</i>	\$ .....
..... <i>(Grants, Sponsorships, Dreamcatcher Fund, other, etc.)</i>	\$ .....
<b>Total Other Project Funding</b>	\$ .....
<b>Balance of funding required</b> <i>(Total costs less total other project funding)</i>	\$ .....
<b>Amount being requested from the C.A.R.E FUND:</b>	\$ .....

---

**REFERENCES \*MANDATORY\***

Mandatory, references must be over 19 years of age and must be individuals other than those who have signed the Application Form. Three references must be LISTED, however, actual reference letters are preferred, but not mandatory. References can be personal, community, character- or business-related. Only three letters of support/ recommendation will be accepted, others will be disregarded.

**1.Title/Name**

.....

Mailing address

.....

.....

Home Phone ..... Work phone ..... Cell phone .....

Fax ..... Email .....

**2.Title/Name**

.....

Mailing address

.....

.....

Home Phone ..... Work phone ..... Cell phone .....

Fax ..... Email .....

**3. Title/Name**

.....

Mailing address

.....

.....

Home Phone ..... Work phone ..... Cell phone .....

Fax ..... Email .....

---

**DECLARATION**

- I/We agree to provide the necessary documents as required/requested (ie. financial statements, supplier quotes)
- I/We agree that if our Application is approved, I/We will meet the Reporting Requirements as outlined in the Project Guidelines.
- We understand that failure to meet the Reporting Requirements will affect any future applications we may wish to submit to the C.A.R.E Fund.
- I/We confirm that the information contained in this application and the accompanying documents is true, accurate and complete.
- I/We agree that any photos taken or submitted in regards to this application can be used for the purposes of the C.A.R.E Fund

**PROOF OF MEMBERSHIP**

Copies of status cards (front and back including your 10-digit Band number) must be submitted for the following:

**Individual applicants:** 1) Actual individual applicant.

**Group/team applicants:** 1) Contact person; 2) Both persons who signed application.

\*You can be both the contact person and the person who signed the application.

**APPLICATION INFORMATION CHECKLIST:**

**YES NO**

- All sections complete
- Community Service section complete
- Budget page - Other project funding listed
- Three references listed
- Copies of status cards included as required
- Application signed by two individuals over the age of majority for all applications

**\*\*\* DO NOT SUBMIT INVOICES OR RECEIPTS UNTIL REQUESTED \*\*\***

**SIGNATURES**

This application form must be signed by at least TWO individuals over the age of majority (19 years of age) for both individual and group applications.

**1. Name**

..... (Please print name)	..... (Signature)
------------------------------	----------------------

..... (Title/Relationship to Applicant)	..... (Date)
--	-----------------

**2. Name**

..... (Please print name)	..... (Signature)
------------------------------	----------------------

..... (Title/Relationship to Applicant)	..... (Date)
--	-----------------

**ADDITIONAL INFORMATION:**

**This application form can be submitted by person, mail, email or fax to the C.A.R.E FUND at the following addresses:**

**Mailing Address:**

The C.A.R.E Fund  
C/O Beausoleil First Nation  
11 O'Gema Miikan  
Christian Island, ON  
L9M 0A9

Telephone: (705) 247-2051 | Fax: (705) 247-2239 | Email: CARE@chimnissing.ca

**This application must be received by the C.A.R.E Fund by 2:00 pm on the deadline date(s).**