



Okikendawt Hydro Revenue & Dokis Community Trust

Request for Funding Application

Welcome to the Okikendawt Hydro Revenue & Dokis Community Trust Project Funding Application!

The amount of funds available for funding community projects depends on the revenues realized each fiscal year. The Trustees determine the annual income available and accept applications for this use.

We are pleased to inform you that applications are now being accepted. We would strongly encourage you to read the accompanying Handbook prior to completing your application.

The Okikendawt Hydro Revenue & Dokis Community Trust lists the uses of the trust income. Please refer to Section 8.1 (vii) of the Trust Agreement for details. Here is a list of areas qualified for funding:

A) Community Infrastructure:

- acquiring land to be added to the lands of the Band.
- the building, establishment and operation of a school or schools.
- advancing the educational aspiration of deserving Members of the Band, including, but not limited to the provisions of scholarship and bursary funds for Members of the Band.
- Construction and maintenance of roads, bridges, ditches, water courses, fences, buildings or permanent improvements, works or infrastructure on Dokis Band lands.
- The purchase of industrial or manufacturing equipment or machinery for the Dokis Band or for a Band corporation.
- Enhance community planning.
- The building, establishment and operation of community facilities, including sports facilities.
- The building, establishment and operation of any other establishment which improves community infrastructure.

B) Economic Development

- Establishing and enhancing recreational facilities and events owned or hosted by the Band Members of Dokis or a Band corporation
- Promoting or founding a business of commercial operation owned by a member of the Dokis Band or a Band corporation.

C) Health and Welfare

- Promotion of any establishment or activity which positively impacts the health of the Band Members of Dokis First Nation.
- The building, establishment and operation of a hospital or medical clinic.
- The establishment of mental health and addiction research workshops or programs.
- The planning and implementation of community events and gatherings, including youth and elder camps and festivals, and other events which seeks to promote cultural awareness, land protection and studies, local artistic expression, language protection and any other

project the goal of which is to preserve or protect the language, culture and traditional land of the Band.

- The planning and implementation of programs aimed at educating and training Band Members, including scholarships and bursaries

As noted in the Trust Agreement funding requests between the following amounts require additional documentation:

\$10,001.00 - \$100,000.00 – Certification from Chief and Council that the Project meets with the values of the Community and that there is no other funding being provided for the Project from other Dokis money.

Over \$100,000 – the request must be approved by the Band Members as set out in Article 8,7 and 8.8 of the Trust Agreement

For additional information or if Dokis Members would like to see a copy of the Trust Agreement, contact the Trust Administrator, Susan Greer.

Trustees are aware that the funds allocated do not always meet all Dokis First Nation Members' needs. As a result, the Trustees will do their best to meet a broad range of needs for both on and off reserve members while maintaining accountability, feasibility and criteria of the Trust Agreement. Careful consideration will be made during the selection process to proposals that best fit with Dokis First Nation's current needs. Prior proposals, both approved and denied, may be reviewed during the selection process for current applications.

Contact the Trust Administrator (see below) to obtain a copy and submit your application.

Miiqwech,

*Okikendawt Hydro Revenue & Dokis Community Trust
Trustees*

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INSTRUCTIONS AND DEADLINE:

For full instructions see the Handbook and Guidelines for Funding Applications for the Okikendawt Hydro Revenue & Dokis Community Trust.

Instructions and Deadline

Application Deadline:

- All applications will be accepted until **4:30pm EST on April 30th and August 31st**.
- **NO LATE** documents or applications will be accepted. The Okikendawt Hydro Revenue and Dokis Community Trust, *REQUEST FOR FUNDING*, will adhere to a strict deadline with no exceptions. Submissions must be completed by the final deadline. This includes all supporting documentation for the application.
- Applicants must be aware of mailing timelines and delays. To prevent delays in receiving physical applications, please email your application to Susan Greer at claims.trust@dokis.ca

Confirmation:

- It is the sole responsibility of the applicant to ensure that the Trust Administrator has received your proposal in its entirety.

Trustee Proposal Review:

- If your proposal is complete, it will be addressed at a special Trustee meeting to determine whether it meets the criteria.
- If your proposal does not meet the mandatory criteria, it will be removed from the review process. Trustees will notify all applicants within 30 business days of submission whether they were successful, unsuccessful or whether further information is required.
- If further information is requested the applicant will have 30 days from the date of the request to provide the additional information or the application will be set aside

Final Decision:

- Funding decisions made by the Trustees will be final.
- Confrontation with the Trustees regarding decisions are discouraged and will be considered in any future applications.

Disclosure of Funding Use:

- The applicants associated with any approved funding applications agree and permit the Trustees to disclose and share with Dokis First Nation Members the nature of any

projects approved, the amounts approved and the principal applicants involved in any approved funding directions.

- Any misrepresentation or misuse of funds could affect your ability to receive funds from the Okikendawt Hydro Revenue & Dokis Community Trust in the future.

WHERE TO GO FOR HELP AND INFORMATION

Contact: Ms. Susan Greer
940A Main Street, Dokis First Nation, ON P0M 2N1
Phone Number: (705) 763-2200 ext 235
Email: claims.trust@dokis.ca

PROJECT FUNDING APPLICATION

Section A: Information About Applicant(s)

Each applicant must complete a separate application. **Where the applicant is under the age of 18 years, an adult/legal guardian is required to be the applicant** and will be responsible for the management of funds received from the Trust and all reporting requirements. If contact information is not completed accurately, the funding application will become void and Trustee Proposal Review will not be completed.

Applicant 1

_____	_____	_____
First Name	Middle Int.	Last Name
Applicant's Status Card Number: _____		_____
Phone Number: _____	()	_____
Email Address: _____	_____	

Applicant(s) – Select ONE of the following:

- Individual
- Parent/Legal Guardian
- Co-Applicant
- Sole Proprietor
- Partnership
- Incorporated Company
- Committee
- Dokis First Nation (Chief and Council)

Home or Business Address

Address: _____

_____	_____	_____
Street#	Street Name	Street Type.
Apt./Unit/Suite: _____	_____	_____
City _____	Prov./State _____	_____
Postal/Zip Code _____	_____	
Country _____	_____	

- Check if applicant resides on reserve, or
- Check if applicant resides off reserve

Confidential

Mailing Address

Check if same as Home Address, or complete mailing address:

Address: _____
Street# Street Name Street Type.

Apt./Unit/Suite: _____
 City _____ Prov./State _____
 Postal/Zip Code _____
 Country _____

Applicant 2

First Name Middle Int. Last Name

Applicant's Status Card Number: _____
 Phone Number: () _____
 Email Address: _____

Applicant(s) – Select ONE of the following:

- Individual
- Parent/Legal Guardian
- Co-Applicant
- Sole Proprietor
- Partnership
- Incorporated Company
- Committee
- Dokis First Nation (Chief and Council)

Home or Business Address

Address: _____
Street# Street Name Street Type.

Apt./Unit/Suite: _____
 City _____ Prov./State _____
 Postal/Zip Code _____
 Country _____

- Check if applicant resides on reserve, or
- Check if applicant resides off reserve

Mailing Address

Check if same as Home Address, or complete mailing address:

Address: _____
Street# Street Name Street Type.

Apt./Unit/Suite: _____

City _____ Prov./State _____

Postal/Zip Code _____

Country _____

Applicant 3

First Name Middle Int. Last Name

Applicant’s Status Card Number: _____

Phone Number: _____ () _____

Email Address: _____

Applicant(s) – Select ONE of the following:

- Individual
- Parent/Legal Guardian
- Co-Applicant
- Sole Proprietor
- Partnership
- Incorporated Company
- Committee
- Dokis First Nation

Home or Business Address

Address: _____
Street# Street Name Street Type.

Apt./Unit/Suite: _____

City _____ Prov./State _____

Postal/Zip Code _____

Country _____

- Check if applicant resides on reserve, or
- Check if applicant resides off reserve

Mailing Address

Check if same as Home Address, or complete mailing address:

Address: _____
 Street# Street Name Street Type.
 Apt./Unit/Suite: _____
 City _____ Prov./State _____
 Postal/Zip Code _____
 Country _____

Section B: Information About Your Funding Request

Attach Additional Page(s) if necessary

Project Name _____

Project Description (*briefly describe your Project outline*):

Location of Project: _____

Project start date: _____

Project end date: _____

Amount of Funding Requested:

\$ _____

Canadian Dollars

Select which of the permitted purposes does your request meet? **Please refer to Clause 8.1 (vii) of the Trust Agreement** (*select all that apply*).

Community Infrastructure Economic Development
 Health & Welfare & Education

Describe how your funding will align with your selection:

Outline the goals of the project:

Who will the funding serve? *(select all that apply)*

<input type="checkbox"/> Group of Band Members	<input type="checkbox"/> Children 0-17 years
<input type="checkbox"/> On-Reserve	<input type="checkbox"/> Young Adults 18-35 years
<input type="checkbox"/> Off-Reserve	<input type="checkbox"/> Adults 36-60 years
<input type="checkbox"/> Disabled	<input type="checkbox"/> Seniors 60+
	<input type="checkbox"/> Other: _____

If your proposal involves the use of another person(s) or organization(s) land and/or resources, please detail below and provide contact name and phone number so we may affirm the approved use of such land and/or resources: _____

Section C: Financial Information on Finances & Budget

Have you **requested** funding from the Trust before? Yes No

Have you **received** funding from the Trust before? Yes No

Briefly outline what alternative sources of funding you have explored:

If you have received other funding for this request, please provide details of funding received

Name of Funder	Amount Requested	Amount Received (\$0 - ?)
	\$	\$
	\$	\$
	\$	\$

Attach copies of additional funding received or requested. This may include commitment letter or email correspondence and any other supporting documentation from funding sources.

Confidential

Section D: Applicant Checklist

BEFORE SUBMITTING THE APPLICATION FORM

To prevent any delays in reviewing your Request for Funding Application, confirm you have completed all the following points before submitting your application form where applicable.

v	Description
	Completed Section A – Information about Applicant(s)
	Provide Copy of Identification – Dokis First Nation Status Card (may be confirmed with membership)
	Completed Section B – Information About Your Funding Request
	Completed Section C – Financial Information About Your Funding Application
	Proof of Other Funding Received/Requested –Approved and Not Approved (if applicable)
	Quotes from Vendor(s)/Supplier(s)/Labour Cost(s) (if applicable)
	Signed & Dated Terms and Conditions
	Certification from Chief and Council if amount requested is \$10,000.00 - \$99,999.99
	Band Member approval if the amount is \$100,000 or more

Please include any other documents which helps support your application.

Must Be Submitted or postmarked by 4:30pm EST on April 30th or August 31st to be Considered

Submit directly to the Trust Administrator, Susan Greer:

By Mail: 940A Main Street, Dokis First Nation, ON P0M 2N1

By Email: claims.trust@dokis.ca

Section E: Terms and Conditions

To the Trustees of the Okikendawt Hydro Revenue & Dokis Community Trust:

I (we) confirm that no portion of the Trust funding may be used for the direct financial benefit of any individual.

I (we) give consent to the representatives of the Trust to obtain and share with persons or organizations, public or private, any information necessary to complete the assessment of the application outlined.

I (we) certify that I (we) am (are) a member(s) of the Dokis First Nation

I (we) consent to allow the Trustees to confirm the status of any applications for other funding available to the applicant or funds acquired.

I (we) acknowledge that the Trustees may not accept applications for any applicant who has received funds in the previous disbursement year or cycle.

I (we) give consent to the Trust for my (our) completed project and any pictures to be shared for the purpose of publication through newsletters, websites, social media platforms and reporting to Dokis First Nation Chief & Council.

I (we) agree that I (we) am (are) responsible for any and all shortfall of funds. If my (our) application is successful, I (we) will notify Trustees before funds are paid if the project cannot be completed due to shortfalls.

I (we) acknowledge that any misrepresentation or misuse of funds could affect my (our) ability to receive funds from the Okikendawt Hydro Revenue & Dokis Community Trust in the future. I (we) acknowledge that the Trustees, upon learning of any misuse of funds might cancel, recall, or collect any funds payable or paid to me (us). **Any and all illegal or criminal activity is not permitted in association with the funding.**

I (we) attest that we have made reasonable efforts to secure funding from other sources.

I (we) declare that all information provided is truthful to the best of my (our) knowledge. I (we) have disclosed all other sources of funding procured at any time during the process up to date of completion should my (our) application be selected AND that all funds will be used for the sole purpose of this application as outlined in the budget.

By signing, I (we) agree with the terms and covenant the information provided above is true and accurate.

Applicant 1

_____	_____
Name of Applicant (Print)	Title(s)
_____	_____
Signature of Applicant (or Authorized Representative)	Date

Applicant 2

_____	_____
Name of Applicant (Print)	Title(s)
_____	_____
Signature of Applicant (or Authorized Representative)	Date

Applicant 3

_____	_____
Name of Applicant (Print)	Title(s)
_____	_____
Signature of Applicant (or Authorized Representative)	Date

Application Review and Outcome – Office Use Only

FOR OFFICE USE ONLY

Application Received Before 4:00pm EST on December 3, 2021 Yes

Date Application Received: _____

Complete: Incomplete:
Approved: Declined:

Reason for Decline:

Date Decision Letter Mailed: _____

Date Payment Made: _____

Cheque
Direct Deposit

Initials: _____ Initials: _____