



2024/25
AKWESASNE COMMUNITY FUND
APPLICATION GUIDELINES

JUNE 13, 2024

OVERVIEW

The Akwesasne Community Fund was established by Council and is intended to support community based **not for profit** applicants operating within the jurisdiction of the Mohawk Council of Akwesasne (MCA).

Funding for the Akwesasne Community Fund is derived from our community's overall share of Ontario Lottery and Gaming Corporation (OLGC) revenue. This revenue is provided to all First Nations in Ontario in accordance with a Gaming Revenue Sharing and Financial Agreement whose objective is to advance the growth and capacity of First Nations in Ontario with respect to community development, health, education, economic development, and cultural development.

Council has set aside a portion of the revenue received to be distributed to the community to support various initiatives that might not otherwise receive government funding.

The Akwesasne Community Fund is designed to provide funding **only once per callout/per year and is not to be considered as a commitment to repetitive, ongoing, or permanent funding to be relied upon by any applicant.**

The concept of an Akwesasne Community Fund Review Team was established by Council to include representation from each of the three districts under the jurisdiction of MCA with the responsibility to establish and regularly update the eligibility criteria, guidelines, and application form for funding consideration; conduct a community callout for applications; review applications; make decisions to approve or deny applications; and determine how much funding to allocate to approved applicants.

The Akwesasne Community Fund Review Team has established strict guidelines, criteria, and an application form that must be utilized and adhered to in order to be deemed eligible for funding from the Akwesasne Community Fund.

ELIGIBILITY CRITERIA

1. **Applicants must be established and/or operate in the northern portion of Akwesasne under the jurisdiction of the MCA.**
2. **Applicants must have a physical address within the territory of Akwesasne under the jurisdiction of the MCA and must supply proof of address (i.e.: phone bill, electric bill, bank statement) in the applicant's name.**
3. **Only community-based not for profit applicants may apply for funding** from the Akwesasne Community Fund. For clarification, **not for profit applicants** are those whose purpose is to achieve their goals and any funds raised or secured are used solely for that purpose and not to make a profit. These applicants are eligible to apply. **For profit applicants** are those whose motive is to generate revenue (a profit) for their own benefit. For profit applicants are **not eligible to apply.**

4. **Applications must have two contact persons and both contact persons must be Members of the Mohawks of Akwesasne** in accordance with the Akwesasne Membership Code. This information will be verified by the MCA Office of Vital Statistics. Two Membership Confirmation forms are included with the application form.
5. **The MCA Good Standing Policy applies. Any application with an applicant or contact person who is deemed to be not in good standing by any program or department of MCA (i.e. have outstanding amounts owing to the MCA) will not be eligible for funding consideration.** Contact persons must sign and submit three separate standing confirmation forms:

- **one for each of the contact persons as individuals (total of 2); and**
- **a third one in the applicant's name**

to allow current standings with MCA to be verified. Three Standing Confirmation forms are included with the application form; one for each of the two contact persons and a third one for the applicant's name.

Note: To avoid unexpected application denials, it is in the best interest of the applicant to find out whether or not both contact persons AND the applicant are in good standing BEFORE submitting an application to the Akwesasne Community Fund. Contact the Special Projects Officer to do so.

6. **Applicants must provide proof of an established Canadian bank account** in order to be considered for funding.
7. **The proposed activity/purpose of funding must have a set time frame, including a start date and an end date. For this callout, the proposed activity/purpose of funding must take place between the dates of AUGUST 2, 2024 and MARCH 31, 2025 to be considered for funding.**
8. **All required application information must be included for the application to be considered.**

RESTRICTIONS

9. This fund is not an entitlement. Applications will be screened and vetted by the Akwesasne Community Review Team. **If information or supporting documentation is missing and/or not provided with the application at the time of submission, the application will not be considered by the Review Team.**
10. **MCA Council members, departments, programs, and services are not eligible to apply.**
11. The Kawehno:ke, Tsi Snaihne, and Kana:takon Recreation Center Committees; the Tri-District Elders; the Akwesasne Homemakers; the Winter Carnival Committee; the Akwesasne Museum; and the Akwesasne International Powwow Committee are **not eligible to apply** because the MCA provides support to them separate from this fund.

12. **Only one (1) application may be submitted by any applicant and/or any contact person per callout.**
13. **An applicant may receive funding only once per callout/per fiscal year.**
14. **Funding cannot be used to cover salaries or fees for any individual to be employed or otherwise engaged. Honorariums for proposed activities/purposes of funding are not eligible to be funded.**
15. Funding **cannot be used for any capital expenses.** For clarification, capital expenses are considered to be construction and/or renovation work.
16. Any property or equipment purchased by an applicant through funding provided by the Akwesasne Community Fund must remain the property of the applicant, and not become the property of an individual contact person to the application.
17. **An application submitted by an individual may be considered by the Review Team provided that the funding is not to be used for education or other tuition. These applications still require two contact persons.**
18. **Applications for sports teams will only be considered if submitted at the highest organizational level possible.** These applications should be submitted by associations rather than individual teams. Applications from a sports team will only be considered if and when no such association exists.
19. **Applicants who have an outstanding report or other obligation from any previous Akwesasne Community Fund call out are not eligible to apply.**
20. There is **no guarantee of future funding callouts** for the Akwesasne Community Fund. **The Akwesasne Community Fund is not to be relied upon by any applicant and any approval is not to be considered as a commitment to repetitive, ongoing, or permanent funding.**
21. **Decisions of the Akwesasne Community Fund Review Team are final.**

APPLICATION SUBMISSIONS

22. Requests for funding from the Akwesasne Community Fund **must be submitted using the prescribed application form**, ensuring that all questions are answered, all areas are filled out, and all supporting documentation is attached.
Note: Applications submitted become the property of the Review Team and the MCA.
23. **Application packages must include a cover letter containing the names, addresses, phone numbers, e-mail addresses, and fax numbers (if applicable) of the two contact persons.**

24. Contact persons must both sign:

- the cover letter;
- the application form;
- the Declaration form (initials also required); and
- separate good standing confirmation forms: **one for each of the contact persons as individuals (total of 2) and a third one in the applicant's name**

25. Applications must include the following information:

- a) Complete background information about the applicant (such as who you are, what you do, past activities undertaken, community involvement, etc.). For clarification, this is information about the applicant, not information about the individual contact persons;
- b) A full explanation of the activities you expect to perform with any funding received, including start and end dates, responsible parties, expected outcomes, status, and comments by filling out an action plan;
- c) A description of the benefits to the community that will likely be realized if funding is provided (such as how many Akwesasronon will benefit from your activities, what are the different ways Akwesasronon will benefit, are there any potential linkages that can be established and/or networking that can take place with community organizations/groups);
- d) **Financial accountability through an itemized proposed budget with up to date quotes attached**. In addition, the funding that you expect to receive (other than from the Akwesasne Community Fund) must be included as well as the funding source. Funding that should be included are any fees, donations, and/or grants (applied for **or** received) and a description of what fundraising efforts are being made; and
- e) A list of signing officers on the bank account

26. Applications must be hand delivered to the location indicated below on or before the strict deadline of Thursday, July 18, 2024 at 2:00 pm:

Akwesasne Community Fund Review Team

Attention: Kristy Lauzon, Special Projects Officer

MCA Administration 1 Building

12 Akwesasne Street

Akwesasne, Quebec H0M 1A0

27. Late application submissions will not be accepted. No exceptions will be made!

RECIPIENT RESPONSIBILITIES

28. Funding may only be used for the purpose described in the application.
29. The Akwesasne Community Fund must be acknowledged as having provided funds for the activity/purpose of funding through the newspaper, radio, or social media and proof of this acknowledgement must be provided. (i.e. **“This [specify your activity/purpose of funding] was made possible through funding received from the MCA Akwesasne Community Fund”**).
30. **Where the applicant encounters difficulties in proceeding with the proposed activity/purpose of funding or if circumstances change with regard to the purpose described in the application, the applicant must immediately inform the Review Team of the situation** so that the Review Team can determine whether the approved funding can be used or if funds need to be refunded to MCA. The applicant must secure the Review Team’s approval for any changes before spending any further funds.
31. Where approved funding has not been used for the purposes described in the application or has been unspent or unused, the **contact persons may be required to refund up to the entire amount allocated to them**, back to the Akwesasne Review Team, for redistribution to approved applicants from the same callout.
32. Approved applicants are required to submit a **final report** on activities and expenditures **within 30 days following the completion date supplied in the application**. The final report must be submitted by filling out an **Akwesasne Community Fund Report**.
33. The final report must include a narrative summary of the activities completed, number of Akwesasne who benefitted, linkages established, networking that took place, goals and objectives met, any issues encountered and how they were handled, how activities might be better handled in the future, a summary of expenses covered by funds received from the Akwesasne Community Fund, and an evaluation of the overall results.
34. The financial portion of the final report must be accompanied by clear and legible copies of all original receipts, invoices, bills, statements, etc.
35. It must be understood that MCA will publish information related to successful applicants (i.e. applicant name and amount received).
36. Both contact persons for approved applications are required to sign a formal undertaking to acknowledge and accept the responsibilities listed in this section prior to receiving any approved funds.

APPROVED FUNDS

37. Approved funds will be distributed as follows:

- **Seventy-five percent (75%)** of the total amount approved will be provided immediately after an undertaking is signed;
- **Twenty-five percent (25%)** of the total amount approved will be held back unless and until a final report has been submitted by the report due date and deemed to be satisfactory by the Special Projects Officer after it has been processed.

FURTHER INFORMATION

For further information concerning the Akwesasne Community Fund guidelines, criteria, or application form do not hesitate to contact:

Kristy Lauzon—Special Projects Officer
MCA Administration 1 Building
12 Akwesasne Street
Akwesasne, Quebec H0M 1A0
613-575-2250 ext. 2121
kristy.lauzon@akwesasne.ca



AKWESASNE COMMUNITY FUND APPLICATION

APPLICANT NAME: _____

(Not for profit organization, group, sports association, or individual)

Address: _____

Phone #: _____

****MUST ATTACH PROOF OF APPLICANT ADDRESS****

CONTACT PERSON #1: _____

Address: _____

Phone #: _____

E-mail address: _____

CONTACT PERSON #2: _____

Address: _____

Phone #: _____

E-mail address: _____

1. Please provide complete background information **about the applicant** (see page 1) below describing who you are, what you do, past activities undertaken, community involvement, etc.; (*Attach additional sheet if needed.*) In addition to providing an answer below, sports associations must also fill out a Sports Association Form (attached).

2. Please provide a general explanation of the purpose of funding being requested and the proposed activities you expect to perform with any funding received:

3. **Please provide a detailed description including activities, tasks, responsible parties, start dates, end dates, outcomes, status, and comments by FILLING OUT AN ACTION PLAN** (attached).

4. Please provide an overall start date and an end date for your funding purpose below:
NOTE: Proposed activity/purpose of funding must take place between August 2, 2024 and March 31, 2025.

Start date: _____ End date: _____

5. What is the total amount of funding being requested? _____

6. **Please provide a detailed description of your expenses by FILLING OUT A PROPOSED BUDGET** (attached) and attach up-to-date quotes to it.

7. Where will your activities mainly be taking place/purpose be mainly carried out?
Check the appropriate box and fill in the blank where applicable

- Within the three Districts under MCA: _____ District (name)
- Within Akwesasne outside the three Districts under MCA
- Outside Akwesasne: Where? _____

8. Please answer the following questions to provide a thorough description of the benefits to the community that will likely be realized if funding is provided.

a) How many Akwesasronon will directly benefit from your activities? _____

b) Describe the different ways Akwesasronon will benefit:

9. Are you currently associated with or have an existing relationship with any groups or organizations operating within Akwesasne? **YES** **NO**

a) If you answered yes, please name those groups/organizations:

10. Do you envision that linkages can be established and/or networking will take place with any groups or organizations operating within Akwesasne as a result of receiving funding? **YES** **NO**

a) If you answered yes, please explain:

11. Do you envision that ongoing activities will result from any funding received? **YES** **NO**

Please explain your answer:

12. How do you plan to evaluate the success of your activities/fulfillment of your purpose?

13. Which **Canadian financial institution** do you bank with?

a) How long have you had this bank account? _____

b) Please **ATTACH PROOF OF YOUR BANK ACCOUNT** with this financial institution to your completed application.

14. Please provide a list of signing officers for the bank account:

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

15. Have you applied for any other funding assistance? **YES** **NO**
(Demonstrates the overall effort being made.)

a) If you answered yes, please fill out the bottom portion of the Proposed Budget sheet to indicate the funding sources the applicant has applied to, the amounts requested, and the amounts received or the current status of your request.

16. Have you already fundraised or do you plan to fundraise for your activities/purpose?
 YES **NO**

a) Please fill out the bottom portion of the Proposed Budget sheet to indicate the fundraising activities completed or planned, or alternatively, indicate your reasons for not fundraising.

17. For questions 15 and 16 above, please provide **the name(s) of any other funding sources** (funding assistance received and fundraising activities completed on behalf of the applicant) **and the funding amounts that resulted**, by including this information **on the bottom portion of the PROPOSED BUDGET (attached)**.

18. **Contact persons must each fill out and submit a Membership Confirmation form to allow their membership status to be verified** by the MCA Office of Vital Statistics, in accordance with the Akwesasne Membership Code. There are two forms attached.

19. **Contact persons must sign and submit three separate standing confirmation forms, one for each of the contact persons as individuals (total of 2) and a third one in the applicant's name to allow current standings with MCA to be confirmed.** There are three forms attached.

Note: To avoid unexpected application denials, it is in the best interest of the applicant to find out whether or not both contact persons and the applicant are in good standing BEFORE submitting an application to the Akwesasne Community Fund. Contact the Special Projects Officer to do so.

DECLARATIONS

This application form must be initialed and signed by BOTH contact persons.

Place your initials in the boxes beside each statement.

Each contact person should initial 6 boxes

Initials Go Here



We agree to provide all documentation deemed necessary, as required and requested.

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We agree that if our application is approved, we will meet the reporting requirements as outlined in the guidelines and understand that failure to meet these requirements will negatively affect our eligibility for future applications to be considered.

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We confirm that the information contained in this application and its accompanying documents is true, accurate, and complete.

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We agree that funding is only to be used for the purpose described in the application and that if funding is not used for the purpose described or has been unspent or unused, we may be responsible to refund up to the entire amount allocated to us, back to the Akwesasne Review Team, for redistribution to approved applicants from the same callout.

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We agree that should our circumstances change with regard to the purpose described in this application, we are responsible to inform the Review Team.

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We understand that this funding is not an entitlement, is available to applicants only once per callout/per year, and is not to be relied upon by any applicant.

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Contact Person #1

Contact Person #2

NAME:	NAME:
SIGNATURE:	SIGNATURE:
DATE:	DATE:

ACTION PLAN

APPLICANT:					
FUNDING PURPOSE:					
Activity/Task <i>What activities/tasks are needed to fulfill your purpose?</i>	Responsibility <i>Who is responsible to carry out each activity/task?</i>	Start Date <i>For each activity</i>	End Date <i>For each activity</i>	Outcome <i>What is the desired result?</i>	Status & Comments

PROPOSED BUDGET

APPLICANT:

**FUNDING
PURPOSE:**

EXPENSES

(Use line items provided and/or insert your own)

AMOUNT

Advertising

Rental & Maintenance

Equipment & Maintenance

Travel

Materials & Supplies

Other

NOTE: UP-TO-DATE QUOTES MUST BE ATTACHED

TOTAL EXPENSES **(A)**:

OTHER FUNDING SOURCES

(Funding assistance received AND fundraising activities completed)

AMOUNT

TOTAL OTHER FUNDING **(B)**:

TOTAL EXPENSES subtract TOTAL OTHER FUNDING:
[[**(A)** from top of page Minus/Subtract **(B)** from bottom of page]

TOTAL AMOUNT REQUESTED IN APPLICATION:

SPORTS ASSOCIATION

ASSOCIATION NAME:			
TOTAL NUMBER OF LEVELS:		TOTAL NUMBER OF TEAMS:	

LIST OF TEAMS IN ASSOCIATION

LEVEL	TEAM NAME	NAME of COACH(ES)	# OF PLAYERS

TOTAL ESTIMATED NUMBER OF PLAYERS:



**MOHAWKS OF AKWESASNE
Membership Confirmation**

Please fill in the information below. This form will be submitted to the Mohawk Council of Akwesasne, Office of Vital Statistics, in order to confirm the membership status of the individual named below, in accordance with the Akwesasne Membership Code.

Name: _____

Date of Birth: _____

INAC Registry #: _____
(Status Card Number)

Note: The Office of Vital Statistics is located in the MCA Cornwall Island Administration Building III at 101 Tewesateni Road, Akwesasne, Ontario.

The Office of Vital Statistics will complete this portion to confirm the membership status of the individual named above, in accordance with the Akwesasne Membership Code.

Membership Status

Member in accordance with the Akwesasne Membership Code.....

Probationary Member in accordance with the Akwesasne Membership Code.....

Expiration Date of Probation Period: _____

Non-member in accordance with the Akwesasne Membership Code.....

DATE

MANAGER or MEMBERSHIP OFFICER
OFFICE OF VITAL STATISTICS



**MOHAWKS OF AKWESASNE
Membership Confirmation**

Please fill in the information below. This form will be submitted to the Mohawk Council of Akwesasne, Office of Vital Statistics, in order to confirm the membership status of the individual named below, in accordance with the Akwesasne Membership Code.

Name: _____

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The Office of Vital Statistics will complete this portion to confirm the membership status of the individual named above, in accordance with the Akwesasne Membership Code.

Membership Status

Member in accordance with the Akwesasne Membership Code.....

Probationary Member in accordance with the Akwesasne Membership Code.....

Expiration Date of Probation Period: _____

Non-member in accordance with the Akwesasne Membership Code.....

DATE

MANAGER or MEMBERSHIP OFFICER
OFFICE OF VITAL STATISTICS

**MOHAWK COUNCIL OF AKWESASNE CONFIRMATION OF
MCA ACCOUNTS CURRENT AND IN GOOD STANDING**

Name:	
Date of Birth:	
Status #:	

Please check if you have any of the following accounts and specify if your account is current and in good standing:

<u>DEPARTMENTS, PROGRAMS, AND SERVICES</u>	✓ Yes	✓ No	Current and in Good Standing Yes, No, or N/A
AHKWESAHSNE MOHAWK BOARD OF EDUCATION			
▪ Hot Lunch Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
AKWESASNE MOHAWK COURT			
▪ Mohawk Court Fines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
▪ Mohawk Court Ordered Payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
DEPARTMENT OF CENTRAL RESOURCES SERVICES			
COMPUTER SERVICES			
▪ Employee Purchase Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
DEPARTMENT OF ECONOMIC DEVELOPMENT			
▪ Peace Tree Trade Centre Rent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
▪ Stanley Island Cabin Rent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
▪ Other Rental Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
▪ Non-compliance of Economic Development Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
DEPARTMENT OF FINANCE			
▪ Consultants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
▪ Other Loans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
DEPARTMENT OF HOUSING			
▪ Housing Loans (House, Cap, Renovation, Emergency, Well & Septic, Upgrade)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
▪ Rental Units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
▪ Rent to Own Homes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
▪ Bank Mortgages that are guaranteed by Mohawk Council	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
DEPARTMENT OF COMMUNITY AND SOCIAL SERVICES			
▪ Day Care Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
DEPARTMENT OF TECHNICAL SERVICES			
▪ Contract for Services such as Construction, Snow Removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

The undersigned application contact person hereby declares the information given on this application is true and is aware it is subject to verification.

The undersigned application contact person understands and gives irrevocable authority to the above identified department, program, or service to release any and all information pertaining to them to Executive Services to verify their standing with the Mohawk Council of Akwesasne as this information is required to determine their eligibility to receive funding offered by the Mohawk Council of Akwesasne.

In so doing, I the undersigned furthermore release you from all manner of actions, cause of actions, or any other form of relief that may accrue to me, my heirs, executors, administrators or assigns as a result of the release of such information.

I also understand by making a false claim my application may be denied.

Date

Application Contact Person's Signature

Date

Witness Signature

**MOHAWK COUNCIL OF AKWESASNE CONFIRMATION OF
MCA ACCOUNTS CURRENT AND IN GOOD STANDING**

Name:	
Date of Birth:	
Status #:	

Please check if you have any of the following accounts and specify if your account is current and in good standing:

<u>DEPARTMENTS, PROGRAMS, AND SERVICES</u>	✓ Yes	✓ No	Current and in Good Standing Yes, No, or N/A
AHKWESAHSNE MOHAWK BOARD OF EDUCATION			
▪ Hot Lunch Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
AKWESASNE MOHAWK COURT			
▪ Mohawk Court Fines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
▪ Mohawk Court Ordered Payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
DEPARTMENT OF CENTRAL RESOURCES SERVICES			
COMPUTER SERVICES			
▪ Employee Purchase Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
DEPARTMENT OF ECONOMIC DEVELOPMENT			
▪ Peace Tree Trade Centre Rent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
▪ Stanley Island Cabin Rent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
▪ Other Rental Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
▪ Non-compliance of Economic Development Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
DEPARTMENT OF FINANCE			
▪ Consultants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
▪ Other Loans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
DEPARTMENT OF HOUSING			
▪ Housing Loans (House, Cap, Renovation, Emergency, Well & Septic, Upgrade)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
▪ Rental Units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
▪ Rent to Own Homes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
▪ Bank Mortgages that are guaranteed by Mohawk Council	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
DEPARTMENT OF COMMUNITY AND SOCIAL SERVICES			
▪ Day Care Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
DEPARTMENT OF TECHNICAL SERVICES			
▪ Contract for Services such as Construction, Snow Removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

The undersigned application contact person hereby declares the information given on this application is true and is aware it is subject to verification.

The undersigned application contact person understands and gives irrevocable authority to the above identified department, program, or service to release any and all information pertaining to them to Executive Services to verify their standing with the Mohawk Council of Akwesasne as this information is required to determine their eligibility to receive funding offered by the Mohawk Council of Akwesasne.

In so doing, I the undersigned furthermore release you from all manner of actions, cause of actions, or any other form of relief that may accrue to me, my heirs, executors, administrators or assigns as a result of the release of such information.

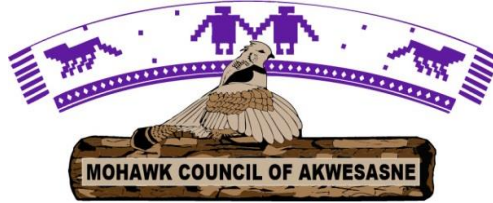
I also understand by making a false claim my application may be denied.

Date

Application Contact Person's Signature

Date

Witness Signature



**STANDING CONFIRMATION
For APPLICANTS**

The following programs and services will be contacted to confirm the standing of the applicant named below to determine their eligibility to benefit from the Akwesasne Community Fund.

APPLICANT NAME: _____

Applicant named in application form

<i>FOR INTERNAL USE ONLY</i>		
PROGRAMS AND SERVICES	IN GOOD STANDING	NOT IN GOOD STANDING
A'nowara'ko:wa Arena Rental	<input type="checkbox"/>	<input type="checkbox"/>
Compliance with Akwesasne Community Fund Requirements	<input type="checkbox"/>	<input type="checkbox"/>

As an applicant's contact person, I hereby authorize and give consent to an authorized representative of the Executive Services Department to request and obtain the applicant's standing from the MCA programs and services listed above.

Further, I consent to give irrevocable authority to personnel of the programs and services listed above to release information regarding the applicant's standing with their particular programs and services. The information to be released will consist of either 'In Good Standing' or 'Not In Good Standing'.

It is understood that the confirmations, once obtained, will be used in the determination of the applicant's eligibility to receive funding from the Akwesasne Community Fund.

It is understood that any contact person for an application that is deemed to be 'Not In Good Standing' will be encouraged to contact the program or service that provided a 'Not In Good Standing' confirmation to find out what is required to get into good standing with that program or service.

CONSENT TO CONFIRM STANDING

Contact Person #1

Contact Person #2

Name:	Name:
Signature:	Signature:
Date:	Date:



Akwesasne Community Fund Application Checklist

This checklist is provided to assist with ensuring submission packages are complete. If information or supporting documentation is missing and/or not provided with the application at the time of submission, the application will be denied.

- Cover letter included
- Prescribed application form used
- All application questions answered and areas filled out
- Proof of applicant address attached
- For Sports Associations only*: Sports Association Form filled out and attached
- Action Plan filled out and attached
- Proposed budget filled out and attached (with up-to-date quotes)
- Proof of Canadian bank account attached
- Membership Confirmation forms filled out and attached (**Total of 2**)
- Standing Confirmation forms filled out, signed, and attached (**Total of 3**)
- Declarations initialed and application signed by both contact persons
- Submitted by deadline of **Thursday, July 18, 2024 at 2:00 pm**

FURTHER INFORMATION

For further information concerning the Akwesasne Community Fund guidelines, criteria, or application form do not hesitate to contact:

Kristy Lauzon—Special Projects Officer
MCA Administration 1 Building
12 Akwesasne Street
Akwesasne, Quebec H0M 1A0
613-575-2250 ext. 2121
kristy.lauzon@akwesasne.ca