

Community Health and Well Being Grant Dän Ts'än Nännji (People Helping People)

Application Form

Please complete this application. Should you need any assistance, please contact CHWB Grant administrators (staff) at 867-634-4200 Ext. 231.

1. Basic Information

Date: _____

Name: _____

Address: _____

Phone: _____

2. Eligibility of Applicant (s. 5, Policy)

Are you enrolled under the *Äghàatān* (My Relatives) Enrollment Act?

Yes

No

Have you been enrolled for at least one (1) year?

Yes

No

Are you a Canadian Resident?

Yes

No

Are you in Good Standing under the Policy (did you meet all the reporting requirements if you received money from the Grant in the past)?

Yes

No

Funding Report

Please complete this funding report. Should you need any assistance, please contact CHWB Grant administrators (staff) at 867-634-4200 Ext. 231.

Date: _____

Name: _____

Phone Number: _____

Activity or Purchase date: _____

Please describe the activity or equipment you purchased with the CHWB Grant (registration fees, equipment purchases, supplies, travel costs, etc.) and attach all receipts.

Detailed Reporting:

Registration Fees: \$ _____
Travel or Fuel Expenses: \$ _____
Equipment Purchases: \$ _____
Supplies Purchases: \$ _____
Total Expenses: \$ _____

For department use:

All criteria have been met for final funding and project approval? Original Receipts are received?

YES NO

Further comments:
