

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

### **1. Forms**

Applicants must complete the following forms to be eligible for funding for a Community Dinner:

- Application Form
- Community Dinner Planning Checklist (optional – use for organizational purposes)
- Waiver

### **2. Purpose of Providing Funding for Community Dinners under the CHWB Grant**

Funding for Community Dinners is provided under the Community Health and Well-Being Fund Grant to support CAFN Communities, Haines Junction, Champagne, Klukshu, Aishihik, Whitehorse and Takhini to gather. Please see the ***Community Health and Well Being Grant Policy/ Dän Ts'än Nännji (People Helping People)*** dated 2022, for more information about the delivery of the CHWB Grant and for any administrative or interpretive questions about these forms.

### **3. Community Dinner Funding Allocations by Community:**

<b>Community</b>	<b>Funding Amount</b>
<b>Dakwäkäda (Haines Junction)</b>	\$3000.00
<b>Shadhäla (Champagne)</b>	\$2000.00
<b>łu Ghą (Klukshu)</b>	\$2000.00
<b>Äsheyi (Aishihik)</b>	\$2000.00
<b>Whitehorse</b>	\$3000.00
<b>Takhini (Takhini River)</b>	\$2000.00

#### 4. Budget/Expense Report

The Applicant shall provide a budget (see below) with their Application for Community Dinner Funding. Successful Recipients of Community Dinner Funding shall provide the completed Expense Report portion of the Budget (with receipts) to CAFN (CHWB Grant Administrator) within two weeks (14 days) from the date of the Community Dinner.

Expense	Estimated/ Allowable Amount	Actual Amount
Fuel Costs (for picking up groceries for the Community Dinner)		
Food and Preparation Costs (not for wages/ alcohol is not reimbursable)		
Materials and Supplies for Door Prizes		
Clean up and Garbage Haul		
Rental Fees (i.e. local community hall if community hall is not available)		
<b>Total Amount Requested/Used</b>		

#### 5. List of Participants

The Applicant/Recipient/Coordinator shall ensure that there is a sign-in at the Community Dinner so that a list of participants is generated at the Community Dinner. The list of participants shall be provided to CAFN with the completed Expense Report portion of the Budget (with receipts) to CAFN (CHWB Grant Administrator) within two weeks (14 days) from the date of the Community Dinner.

## Application Form for Community Dinner Coordinator/Applicant/Recipient

### (Community Dinner Fund under CHWB Grant Policy)

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

#### 1. Basic Information

Date:

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Name of Applicant on behalf of  
Community:

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Address:

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Phone:

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

Are you enrolled under the *Āghàatān* (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     

How much total funding is your community eligible for?

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#### **For department use:**

Confirmation of CAFN Enrolled Citizen status for a period of 12 months (at least) and in Good Standing under the Policy?      YES            NO     

Program or purchase criteria is valid?      YES            NO     

Signed waiver is received for applicant?      YES            NO

## Planning Checklist

Planning Item	Done (Yes/No)
Hall Rental	
Food	
Gas to pick up the groceries/prizes (must match to date of pickups)	
Food preparation (ie. catering fees)	
Submit Application/ Budget/ Waiver	
Site/Hall clean-up	
Submit List of participants after Community Dinner (within 14 days)	
Submit Expense Report and Original Receipts after Community Dinner (within 14 days)	
Submit list of gift card recipients and leftover gift cards (if any were provided by CAFN for the Community Dinner)	

GENERAL RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT  
 BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE, AND  
 AGREE TO ASSUME LEGAL OBLIGATIONS. PLEASE READ THIS CAREFULLY

PLEASE PRINT CLEARLY

**between**  
**Champagne and Aishihik First Nations (“CAFN”), and**  
**CAFN Citizen receiving a benefit under the Community Health and Well Being (“CHWB”) Grant**

1. This waiver applies to any program or activity you take part in (the “Activities”), and any equipment you purchase (the “Equipment”), with funds provided to you under the CHWB Grant (the “Grant”), including funding for community dinners, which is also provided under the Grant.
  
2. This waiver of liability is legally binding and is intended to exclude any liability on the part of CAFN in relation to your use of the funds you receive under the Grant and any third-party liability that may arise in relation to an Activity you may participate in, or the use of Equipment you may purchase, or any other thing or benefit that may accrue to you or a third party from funding you receive under the Program (the Grant).
  
3. If you do not wish to accept this waiver of liability, you are not eligible to receive the Grant.  
 INITIAL HERE
  
4. **PARENT/GUARDIAN – RELEASE ON BEHALF OF MINOR** I am the parent or legal guardian of the Participant. I have read this document, and I am signing it freely. I understand the legal consequences of signing this document, including (a) releasing CAFN from all liability on my and the Participant’s behalf, (b) waiving my and the Participants’ right to sue CAFN, (c) and assuming all risks of Participant’s participation in this Activity or purchase of Equipment. I allow the Participant to participate in the Activity or use the Equipment. I understand that I am responsible for the obligations and acts of the Participant under this Agreement. I agree to be bound by the terms of this Agreement.

Name of Releasor (please print)

Name of Citizen receiving Grant (may be the same or may be a minor/under 18)

Signature of Releasor

Date Signed

Signature of Witness (over 18 years of age)

Name of Witness (please print)