

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



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: _____	Email: _____
Name: _____	Address: _____
Phone: _____	_____

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

Are you enrolled under the <i>Äghàatān</i> (My Relatives) Enrollment Act?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been enrolled for at least one (1) year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you a Canadian Resident?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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 <input type="checkbox"/>	No <input type="checkbox"/>

**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 may take part in (the “Activities”), using funds provided to you by CAFN through the CHWB Grant (the “Grant”).

Initial here to demonstrate that you have read and understand the statement above:

2. This waiver applies to the use of anything that you purchase with funds provided to you by CAFN through the Grant.

Initial here to demonstrate that you have read and understand the statement above:

3. 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 Grant, and any third-party liability that may arise in relation to an Activity you may participate in, or the use of items and services that you may purchase, or any other thing or benefit that may accrue to you or a third party, from funding you receive through the Grant.

Initial here to demonstrate that you have read and understand the statement above:

Name of Releasor (person receiving the Grant)

Signature of Releasor

Date signed

Name of Witness (please print)

Signature of Witness (over 19 years of age)

ONLY SIGN BELOW IF GRANT IS BEING PROVIDED TO A MINOR AND YOU ARE SIGNING THIS FORM AS A PARENT/GURADIAN OF THE MINOR

4. PARENT/GUARDIAN – RELEASE ON BEHALF OF MINOR If you are the parent or legal guardian of the person receiving the Grant attest to the following:

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 minor child’s behalf, (b) waiving my and the minor child’s right to sue CAFN, (c) and assuming all risks of the minor child’s participation in this Activity or the purchase and subsequent use of items purchased. I allow the minor child to participate in the Activity or use the items purchased. I understand that I am responsible for the obligations and acts of the minor child in relation to their participation in the Activity or use of the items purchased using funds provided through the Grant under this Agreement. I agree to be bound by the terms of this Agreement.

Name of minor child Applicant for Grant (please print)

Name of Releasor

(parent/guardian signing on behalf of the minor child receiving the Grant
(please print)

Signature of Releasor (parent or guardian of minor child)

Date Signed _____

Name of Witness (please print)

Signature of Witness (over 19 years of age)
