

MSIFN Maada'ookii Committee

Application for Assistance - Organizations

Form for representatives of charitable organizations/events, not-for-profits, businesses, etc.



Applicant Information

NAME OF ORGANIZATION: _____

INDIGENOUS STATUS ORGANIZATION? Y N IF YES, WHERE? _____

CONTACT PERSON: _____ DATE: _____

ADDRESS: _____ EMAIL: _____

_____ PHONE: _____

HOW DID YOU HEAR ABOUT THE MSIFN MAADA'OOKII COMMITTEE? _____

Requirements

ITEMS TO INCLUDE IN YOUR WRITTEN PROPOSAL:

- DESCRIPTION OF YOUR ORGANIZATION
- REASON FOR REQUEST – PROGRAM, PROJECT, SERVICE, ETC.
- DETAILED BUDGET PROPOSED
- ADMINISTRATIVE FEES (%)
- FUNDRAISING GOALS, AND YOUR PLAN TO ACHIEVE THEM
- LIST OF OTHER SOURCES BEING SOUGHT FOR SUPPORT – FINANCIAL, VOLUNTEER, DONATED ITEMS, ETC.
- BE SURE TO INCLUDE ORGANIZATION'S NAME TO MAKE CHEQUE PAYABLE TO - IF APPROVED

IF YOUR REQUEST IS FOR A SPECIFIC ITEM, PIECE OF EQUIPMENT OR SERVICE, PLEASE PROVIDE QUOTATIONS FROM TWO (2) SOURCES.

COMPANY A: _____ COST: \$ _____

COMPANY B: _____ COST: \$ _____

Application Submission

Please forward completed requests by:

**EMAIL: MSIFN-MC@SCUGOGFIRSTNATION.COM OR
FAX: 1-289-312-4688 ATTN: MSIFN MAADA'OOKII COMMITTEE**

Thank you for your cooperation with our process of requests. All applications will be reviewed by the MSIFN Maada'ookii Committee at the meeting following receipt of all requirements of your request. Approved requests will be paid directly to the service or equipment provider when applicable. Due to the high volume of requests received, only one request per year will be considered. All personal information received with an application will be kept confidential, only viewed by MSIFN Maada'ookii Committee Members.

With kind regards,

Kristen Watkins

MSIFN Maada'ookii Committee Administrative Assistant