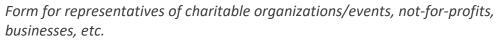
MSIFN Maada'ookii Committee

Application for Assistance - Organizations





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	
ÎTEMS 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,

Kayla Ponce de Leon

MSIFN Maada'ookii Committee Administrative Assistant