



PROJECT GUIDELINES AND APPLICATION FORM

Application Form

PLEASE REFER TO APPLICATION GUIDELINES PRIOR TO COMPLETING. PLEASE ENSURE APPLICATION IS COMPLETE WHEN RECEIVED BY OUR OFFICE OR IT WILL BE RETURNED FOR COMPLETION. APPLICATION MUST BE SUBMITTED ON THIS DREAMCATCHER FORM. REPRODUCTIONS OR DUPLICATIONS WILL NO BE ACCEPTED.

Application Name
(Name of group or individual)

First Nation/Band Name

Applicant age(s)
(Team or Individual)

Parents Name
(If applicant is under 19 years of age)

Contact Person

Mailing Address

Home Phone.....Work Phone.....Cell Phone.....

FaxEmail.....

OFFICE USE ONLY: APPLICATION NUMBER

PLEASE CHECK THOSE AREAS THAT APPLY TO YOUR APPLICATION:

- Minor Sports team
- Non-Profit
- Individual Band member
- Community Organization

PROJECT INFORMATION

Title/name

Location
(Specific location of project/activity)

Start Date

Completion Date

BRIEF PROJECT DESCRIPTION

(Describe specifically what you are applying for. Please summarize)

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BENEFITS

How will your project/application benefit you or your community? Check where applicable

- | | | |
|---|--|--|
| <input type="checkbox"/> Role model creation | <input type="checkbox"/> Increased fitness | <input type="checkbox"/> Self-improvement/esteem |
| <input type="checkbox"/> Leadership development | <input type="checkbox"/> Community participation | <input type="checkbox"/> Community pride |
| <input type="checkbox"/> Improved health | <input type="checkbox"/> Other | |

Please specify:

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COMMUNITY SERVICE

Provide specific name of group, activity, or organization that you will be volunteering for. A minimum of four hours of volunteerism per individual is required. Community service is to be completed upon approval of funds. Any new hockey reps will be responsible for the community service for their team. Failure to complete Community Service will affect future applications.

NOTE: Community service cannot be the activity that was submitted on your application.

Check applicable services:

- Sports team/organization
- School
- Church
- Elderly
- Dinners/luncheons
- Community Beautification
- Pow-wow
- Holiday event
- Special event/other

Please specify name of team, organization, school, church, event, community, etc.:

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PREVIOUS APPROVAL

Have you been approved for funding for the Dreamcatcher Charitable Foundation before? If yes, please include application #, amount approved, date of approval, and what you have been approved for.

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ACKNOWLEDGEMENT

Must provide a clear description of how you will acknowledge the contribution of the Dreamcatcher Charitable Foundation (e.g., appreciation certificate, newspaper ad, newsletter or photo etc.):

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BUDGET - * MUST BE COMPLETED*

(Please provide quotes or estimates, do not submit invoices until after you have receive approval letter)

PROJECT COSTS

AMOUNT

Please list ALL costs required to complete your project/event

| | |
|-------|----------------|
| | \$..... |
| | \$..... |
| | \$..... |
| | \$..... |
| | \$..... |
| | \$..... |
| | \$..... |
| | \$..... |
| | \$..... |
| | \$..... |
| | <u>\$.....</u> |

TOTAL COSTS →

\$.....

OTHER PROJECT FUNDING

Please list ALL other funding sources, confirmed, for your project/event

| | |
|---|----------------|
| (Fundraising) | \$..... |
| (Personal/Donation) | \$..... |
| (Grants, Chief & Council, Rama Funds, others etc.) | \$..... |
| | <u>\$.....</u> |

Total Other Project Funding

\$.....

Amount being requested from the Dreamcatcher

Charitable Foundation



(Total cost less total other project funding)

\$.....

REFERENCES *MANDATORY*

References must be over 19 years of age and must be individuals other than those who have signed the Application Form. Three references must be LISTED; however, actual reference letters are preferred, but not mandatory. References can be personal, community, character, or business-related. Only three letters of support/recommendation will be accepted, others will be disregarded.

1. Title Name

Mailing Address

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Home Phone.....Work Phone.....Cell Phone.....

FaxEmail.....

2. Title Name

Mailing Address

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Home Phone.....Work Phone.....Cell Phone.....

FaxEmail.....

3. Title Name

Mailing Address

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Home Phone.....Work Phone.....Cell Phone.....

FaxEmail.....

DECLARATION

- I/We agree to provide the necessary documents as required/requested (i.e. financial statements, supplier quotes).
- I/We agree that if our Application is approved, I/We will meet the Reporting Requirements as outlined in the Project Guidelines. We understand that failure to meet the Reporting Requirements will affect any future applications.
 - **Payments will not be distributed until all reporting has been submitted to the Dreamcatcher Charitable Foundation**
- I/We confirm that the information contained in this application and the accompanying documents is true, accurate and complete.
- I/We agree that any photos taken or submitted in regards to this application can be used for the purpose of the Dreamcatcher Charitable Foundation.

PROOF OF MEMBERSHIP

Copies of status cards (front and back including your 10-digit Band number) must be submitted for the following:

Individual applicants: 1) Actual individual applicant

Group/team applicants: 1) Contact person; 2) Both persons who signed application.

* You can be both the contact person and the person who signed the application.

* Schools or groups (including sports) must provide a roster with first and last names, date of birth and band numbers.

SIGNATURES

This application form must be signed by at least TWO individuals over the age of majority (19 years of age) for both individual and group applications. Signers **cannot** be the same person you listed as a reference.

| | | |
|----------------|--|----------------------|
| 1. Name | (Please print) | (Signature) |
| | (Title/Relationship to applicant) | (Date) |
| 2. Name | (Please print) | (Signature) |
| | (Title/Relationship to applicant) | (Date) |

*** Financial Budget sheet page 7 must be completed with the application***

This application form must be submitted in person, by mail or courier to the Dreamcatcher Charitable Foundation Office at the address listed below. Faxed or e-mail applications are NOT accepted.

Mailing Address:

Dreamcatcher Charitable Foundation
P.O. Box 659
Ohsweken, Ontario
N0A 1M0

Courier Address:

Dreamcatcher Charitable Foundation
c/o Iroquois Lacrosse Arena
3201 Second Line
R.R. # 6
Hagersville, Ontario
N0A 1H0

Telephone: 905-768-8962 | Toll Free: 1-866-508-6795 | Fax: 905-768-8963

Website: www.dcfund.ca | Email: info@dcfund.ca

NOTE: FAILURE TO ACCURATELY REPORT YOUR ACTUAL LIVING CIRCUMSTANCES WILL RESULT IN:

- A) YOUR CURRENT FUNDING WILL BE REVOKED AND IMMEDIATE REPAYMENT TO THE DREAMCATCHER CHARITABLE FOUNDATION WILL BE REQUIRED;
- B) YOU WILL NOT BE ELIGIBLE FOR FUTURE FUNDING

FINANCIAL NEED BUDGET SHEET

Current Marital Status Single Married Common Law Divorced Separated Widowed/Widower

Dependents None 1 2 3 4 5 6 More than 6

List of ages of your dependents:

Current Employment Full time Part-time Seasonal Unemployed E.I. Pension OW

Annual Household Income \$.....

If applicable, please submit a copy of the most recent Notice of Assessment/ Re-assessment from Canada Revenue Agency of each parent and/or guardian listed on this application If you do not have a notice of assessment/re-assessment, a pay stub or note from employer will suffice.

Monthly Income Monthly income from savings or work \$.....

Sources Monthly income from spouse or partner \$.....

Other monthly income \$.....

Monthly Child support, if applicable \$.....

Monthly Child Tax Benefit \$.....

Monthly Pension income (CPP, OAS, GAINS, Orphans Allowance) \$.....

Monthly Social Assistance (OW or ODSP) \$.....

Any other sources of income not listed above \$.....

TOTAL INCOME → \$.....

Monthly Monthly mortgage/rent/shelter \$.....

Expenses Monthly food \$.....

Utility costs \$.....

Monthly telephone, internet, cable \$.....

Transportation \$.....

Monthly childcare \$.....

Monthly clothing and recreation \$.....

Insurance \$.....

Other monthly expenses (please list additional info on separate page) \$.....

TOTAL EXPENSES → \$.....

Total monthly income (A) \$.....

Minus monthly expenses (B) \$.....

Surplus / shortfall (A - B) \$.....