

# 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](mailto: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