



Akwasasne Community Partnership Fund Application Form

Please refer to application guidelines prior to completing. Application must be submitted on the Akwasasne Community Partnership Fund form for consideration, *any incomplete applications will not be considered. **Applications must be submitted at least three weeks before the event.**

APPLICATION INFORMATION (Complete all parts)

Applicant's Name:

Individual, Team or event:

Contact Person:

Mailing Address:

Home Telephone:

Business Telephone:

Cell Number:

E-Mail:

If approved - Issue check to:

PLEASE CHECK THOSE AREAS THAT APPLY TO YOUR APPLICATION:

<input type="checkbox"/>	Sports	<input type="checkbox"/>	Sports Association
<input type="checkbox"/>	Community Event	<input type="checkbox"/>	Recreational/Public Centers
<input type="checkbox"/>	Golf Sponsorship	<input type="checkbox"/>	Community Development
<input type="checkbox"/>	Community Elders	<input type="checkbox"/>	Other

PROJECT INFORMATION

Title / Name:

Date of Event:

Brief Project Description (Additional information may be attached - maximum of one page).

Have you been approved for funding by the Akwesasne Community Partnership Fund before?
If yes, please give year and brief description of what funds were used for.

SUMMARY REPORT: Please attached this to the community services letter

Brief description of the community services that you have performed.

We ask that Community Services be done as part of you giving back and helping the community. Below is a partial list of Organizations that your group, team, etc can volunteer at. Once you have fulfilled your obligation, please provide a signed letter from the organization that you helped out. Failure to complete community services may affect future funding.

<u>Event</u>	<u>Contact Person</u>	<u>Phone Number</u>
Annual Roadside Clean Up	Craig Arquette	518-358-5937
Annual Pow Wow	Larry King	613-575-2348
Methodist Church	Dan Cook	
Kateri Hall	Lucille Peters	518-358-2931
Iakhihsohtha	Mae Lazore-Green	613-575-2507
Tsiionkwanonhso:te		613-932-1409
Annual Winter Carnival		
Generations Park Complex	Mary Terrance	518-358-9009
Oherakon - Rites of Passage		

These are just a few to mention, but at certain times of the year, the three Recreations centers, Senior programs and minor associations, need assistance with setting up for Christmas dinners, craft fairs, or assistance with the younger kids on the ice or in the field.

BUDGET: what will the funds be going towards (i.e. registration, travel costs purchase of equipment, rental fees, tournament fees, purchase of raffle items etc.)

**Feel free to use additional pages or format to describe project or event budget*

PROJECT COSTS (space rental, contractors, supplies, etc)	AMOUNT

TOTAL COSTS

Please list all other sources where you have applied for assistance or been funded from.

OTHER SOURCES OF FUNDING	AMOUNT

OTHER SOURCES FUNDING TOTAL

PROJECT COSTS

REQUEST FROM DONATION FUND

FOR OFFICE USE ONLY	
DATE RECEIVED _____	APPROVED / DENIED _____
DATE OF MEETING _____	APPROVED FOR _____

DECLARATION

I/We agree to provide the necessary documents as required and 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 we may wish to submit to the Akwesasne Community Partnership Fund.

I/We confirm that the information contained in this application and the accompanying documents is true, accurate and complete.

I/We agree that should the event get cancelled for any reason, that the issued check will be returned back to the Saint Regis Mohawk Tribe and failure to do so will result in denial of any future requests.

I/We understand that this funding is a once-a-year application and can not apply until my one year is up.

This application form must be signed by at least two individuals who are over the age of majority (18 years of age).

SIGNATURES

Name: _____ Signature: _____

Title: _____ Date: _____
Title/Relationship to Applicant

Name: _____ Signature: _____
Title/Relationship to Applicant

Title: _____ Date: _____

SUBMISSION

This application Form must be submitted by Person, Mail, or Courier to the Akwesasne Donation Community Fund to the following:

Mailing Address: Akwesasne / Partnership Fund
c/o St. Regis Mohawk Tribe
412 State Route 37
Akwesasne, NY 13655

Location Drop Off: St. Regis Mohawk Tribe Community Building
412 State Route 37
Akwesasne, NY 13655

Telephone Number 518-358-2272

Fax Number: 518-358-3203

The application form must be received by the Donation Committee **3 weeks prior** to their meeting which is held the third Tuesday of each month.