



Animakee Wa Zhing #37

Community Development Advisory Board

c/o PO Box 267, Sioux Narrows, Ontario P0X1N0

Email: advisoryboard@nwa37.ca

Forever the Sun Rises and the River Flows. (Treaty 3, 1873)

Application for Funds from the Community Development Accounts

The Community Development Advisory Board is delegated and authorized to act on behalf of the First Nation for the limited purposes set out in the Governance Policy.

The Community Development Accounts will hold funds in three equal accounts for the benefit of the three Animakee Wa Zhing #37 communities. Please indicate which community will benefit from this initiative, or, which community the beneficiary resides in:

- One account for the band members and the community of Regina Bay;
- One account for the band members and the community of Windigo Island;
- One account for the off-reserve band members and the First Nation's off-reserve community.

The Community Development funds shall be expended in accordance with annual spending plans and budgets that are developed and agreed upon by the Advisory Board and the Chief and Council.

Please circle the number designating the Community Development Use that supports this application:

1. Protecting and advancing Animakee Wa Zhing #37's Aboriginal and treaty rights;
2. Promoting or developing educational initiatives, advancement, and programs for Members;
3. Promoting or developing health initiatives, advancement, and programs for Members;
4. Promoting or developing cultural or traditional use initiatives, restoration, advancement, and programs for Members;
5. Promoting or developing community togetherness, cohesion, and community-oriented programs, initiatives or events;
6. Promoting or developing environmental protection, traditional or Reserve territory protection, development or stewardship initiatives, restoration, advancement and programs;
7. Promoting or developing housing accessibility or improvement initiatives or programs for Members;
8. Creating economic development, employment, or business development opportunities for Members or Animakee Wa Zhing #37 Businesses;
9. Supporting new or existing initiatives, programs or projects that have been identified in the Animakee Wa Zhing #37 Capital Plan or Economic Plan;
10. Providing funding to supplement and address one or more community program funding shortfalls, which the Advisory Board, acting reasonably, determines to be legitimate, supported by clear documentation explaining the reason for the shortfall, and in the First Nation's best interest; or
11. Any other initiative, measure, or program that provides a direct benefit to Members or the community which the Advisory Board determines to be in the First Nation's best interest.



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Project Title: _____

Contact person filing request in case further information is required:

Name: _____

Mailing Address: _____

Phone Number: _____ Email address: _____

Who are the funds for? _____

Band Registration Number: _____

Name: _____

Mailing Address if different from above: _____

Need for funds, or, Why are we doing this? _____

Goals and objectives of project: _____

Budget details (attach further information if required): _____

Spending plan: _____

Timeframe, or, deadline for funds: _____



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If you have received previous funding from the Community Development Accounts please tell us what happened?

Have you made a similar request to other sources? If yes, please explain: _____

Do you have outstanding delinquent financial commitments to any AWZFN band owned entity or to the AWZFN? Yes or No

Within the 3-year period preceding this Application have you or your business been criminally or civilly charged; under investigation; or, convicted of fraud or a serious criminal offence?

Yes or No If Yes, please provide comments: _____

Note: Disclosure of unfavorable information will not necessarily result in decline of an Application. Any additional information or explanation that an Applicant elects to submit with the disclosed information will be taken into consideration.

Completed by: _____

(Print full name) _____

Signature _____ Date: _____

Cheque requested to be payable to: (Applicant, Vendor, School, Organization etc.)

Name, Address and phone number:
