



**MOOSE CREE FIRST NATION
APPLICATION FOR ONTARIO FIRST NATION
LIMITED PARTNERSHIP FUNDING**

(Appendix A)

A separate form for each project or activity must be completed.

PROJECT / ACTIVITY TITLE: _____

DEPARTMENT / PROGRAM / ORGANIZATION: _____

CONTACT PERSON: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

<p>CRITERIA – select ONE component:</p> <p>___ Community Development</p> <p>___ Health</p> <p>___ Economic Development</p> <p>___ Education</p> <p>___ Cultural Development</p>
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GOALS/OBJECTIVES:

PROJECT STATUS/DESCRIPTION: Briefly outline where the project/activity currently exists

HAS THIS PROJECT/ACTIVITY RECEIVED OFNLP FUNDS BEFORE: Yes No

If yes, what was the name of project/activity and what month and year was this funded:

TOTAL FUNDING REQUEST FROM O.F.N.L.P FUNDS: \$ _____

TOTAL ESTIMATED PROJECT/ACTIVITY COST: \$ _____

ARE THERE OTHER PROJECT/ACTIVITY FUNDING SOURCES: Yes No

If yes, please identify other funding sources and the amount requested that will be approached for funds.

ADDITIONAL COMMENTS:

ATTACH ADDITIONAL INFORMATION AS REQUIRED.

Disclaimer: I, _____, hereby declare that I have read and understand the OFNLP Policy and agree to the responsibilities as stated in Section 7.0 of the OFNLP Policy.

Signature: _____

Date: _____

Applicant Checklist:

- Budget
- Proposal and/or Business Plan (if applicable)
- Letter of Support (if applicable)
- Quotations (if applicable)
- Contact information