



**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><b>CRITERIA – select ONE component:</b></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:

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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