



Moose Cree
First Nation

FALL 2017

HARVESTERS SUBSIDY PROGRAM



APPLY BY
SEP 13TH
2017

The Moose Cree First Nation Harvesters Subsidy Program is now accepting applications for the fall 2017 harvesting season. This program is a travel subsidy only and is not intended to cover other expenses.

Application forms are available online at www.moosecree.com or at the Moose Cree First Nation office front reception desk.

APPLY BY WEDNESDAY, SEPTEMBER 13, 2017 AT 5:00 P.M.

For more information, please contact Stan Loone, Harvesters Program Coordinator by phone at (705) 658-4619 ext. 315, or by email at hspc@moosecree.com



Fall 2017 Harvesters Subsidy Program Application

Applications are due by Wednesday, September 13th, 2017 at 5:00 p.m.
Applications received after this date will not be considered.

If you require further information, please contact:
 Stan Loone, Harvesters Program Coordinator at hspc@moosecree.com
 Telephone: (705) 658-4619 Ext. 315, Fax (705) 658-4734

Section 1. Applicant Information (*MUST BE COMPLETED)				
*Name:				
	Last Name	First Name	Middle Initials*	Alias (optional)
*Address				
	Street	Town/City	Province	Postal Code
*P.O. Box #				
		Town/City	Province	Postal Code
*Home Phone:		Work Phone:		
	Ex. (xxx)xxx-xxxx		Ex. (xxx)xxx-xxxx Ext.xxx (optional)	
Email:				
	Ex. email@hotmail.com (optional)			
*Birth Date:			*Band #:	
	Day	Month	Year	10 Digits
Section 2. Household Income Information (*MUST BE COMPLETED)				
*Source(s) Income:	<input type="checkbox"/> Social Assistance <input type="checkbox"/> Disability <input type="checkbox"/> Pension <input type="checkbox"/> Student <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> E.I. <input type="checkbox"/> Unemployed			
	Please Check that apply			
Section 3. Harvest Information (*MUST BE COMPLETED)				
Camp Designator #		*Distance:		
	One Location Only			
*Transportation:	<input type="checkbox"/> Ski-Doo <input type="checkbox"/> ATV <input type="checkbox"/> Boat <input type="checkbox"/> Vehicle <input type="checkbox"/> Train <input type="checkbox"/> Plane			
	Please Check			
Location of Camp:				
Detail of Travel Use space on back if needed.				
*** Please provide 3 business days prior to any travel changes ***				
Section 4. Accompanied By (*MUST BE COMPLETED)				
*Names (First, Middle Initial(s), Last)	*Birth Date (D/M/Y)	*Band # (10 Digits)		
Use space on back if needed.				

I, _____, request travel subsidy for the fall hunt season. I understand that if I receive assistance for the 2017 season does not mean that I will automatically qualify for assistance in the future. I agree to participate in the a follow up survey after the fall harvest season. Any abuse in privileges will result in the suspension of benefits for a period of twelve months. I understand if any required fields are not completed, my application will not be considered. I agree those who are priority will be given subsidy first. On my honour, I declare that all information and statements on the application are true and correct.

 Applicant Signature

 Date Signed