



Moose Cree
First Nation

FALL 2014

HARVESTERS SUBSIDY PROGRAM

APPLY BY
AUG 29
2014

The Moose Cree First Nation Harvesters Subsidy Program is currently accepting applications for the fall 2014 harvesting season. This program assists harvesters with costs associated with going out on the land. It is designed as a subsidy only and is not intended to cover all harvesting costs.

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

APPLY BY FRIDAY, AUGUST 29, 2014 AT 4:00 P.M.

Applications received after this date will not be considered.

Limit one (1) application per household.

For more information, please contact Joshua Sutherland, Harvesters Program Coordinator by phone at (705) 658-4619 ext. 315, or by email at joshua.sutherland@moosecree.com



Moose Cree First Nation

Fall 2014 Harvesters Subsidy Program Application

Applications are due by Friday, August 29, 2014 at 4:00 p.m.

Applications received after this date will not be considered. Limit one (1) application per household.

If you require further information, please contact:

Joshua Sutherland, Harvesters Program Coordinator at joshua.sutherland@moosecree.com

Telephone: 705-658-4619 ext. 315, **Fax:** 705-658-4734

Name of Applicant:	Last Name	First Name	Initial			
Mailing Address:	P.O. Box/RR#/General Delivery/Street					
	City/Town	Province	Postal Code			
Telephone:	Home Telephone	Work Telephone				
Email Address:	Email	Band Number				
Date of Birth:	Year/Month/Day	Age				
Source of Income (Please check box that applies to you)	<input type="checkbox"/>	Pension	<input type="checkbox"/>	Self-Employed	<input type="checkbox"/>	Employed
	<input type="checkbox"/>	Social Assistance/Disability			<input type="checkbox"/>	EI
Transportation	<input type="checkbox"/>	Skidoo/Vehicle	<input type="checkbox"/>	Train	<input type="checkbox"/>	Air

TO BE ACCOMPANIED BY: (List all of the people in your group, including children)

Name	Age	Band Number

Use the other side of this form if you have additional group members

Location of camp (camp location number): _____ Distance: _____

How long are you planning to stay at your camp? _____

I, _____, request travel subsidy for the fall hunt season. I understand that if I receive assistance for the 2014 season it does not mean that I will automatically qualify for assistance in the future. I agree to participate in 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.** On my honour, I declare that all information and statements on this application are true and correct.

Applicant Signature

Date