



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

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

PROJECT / ACTIVITY TITLE: _____

DEPARTMENT / PROGRAM / ORGANIZATION: _____

CONTACT PERSON: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

CRITERIA – select ONE component:	
<input type="checkbox"/>	Community Development
<input type="checkbox"/>	Health
<input type="checkbox"/>	Economic Development
<input type="checkbox"/>	Education
<input type="checkbox"/>	Cultural Development

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 – *Appendix B*
- Workplan – *Appendix C*
- Proposal and/or Business Plan (if applicable)
- Letter of Support – *Section 2.5 (i – iv)*
- Quotations – *Section 2.8 (iv – v)*