

Simpcw Heritage Trust

APPENDIX 1 - APPLICATION

INSTRUCTIONS:

1. This application form must be completed in full.
2. Number and initial each page.

A. Applicant Information			
Name of group or organization (the "Applicant"):			
Contact Person:		Email	
Address		Postal Code	
City/Town			
Phone:		Fax	

B. Project Information	
Project Title:	
Proposed Start Date:	
Proposed Finish Date:	
Which Community Planning priority does this Application address? (<i>Choose one</i>)	<input type="checkbox"/> Language <input type="checkbox"/> Protect Simcwulucw Rights
	<input type="checkbox"/> Simpcw Culture Development <input type="checkbox"/> Gather/Protect Cultural Information
	<input type="checkbox"/> Recreation <input type="checkbox"/> Establish a Free Store
Has this project been done before?	

D. Goals and Objectives

Clearly state the goals and objectives of the project. Goals and Objectives should clearly relate to the Community Planning Priority identified on Page 1. Goals should be specific, measurable, achievable, realistic and time-limited.

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E. Project Activities

Describe the project activities. The project activities should clearly relate to the Project Goals and Objectives. This section should demonstrate how the activities will enable the Project to achieve its Goals and Objectives. Activities and Deliverables should be expressed in measurable terms.

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<p>Where will your services/products be located or developed? (<i>band office, recreation center- list multiple locations if appropriate</i>)</p>	
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What target groups will receive service/product? <i>(check all that apply)</i>	<input type="checkbox"/> On Reserve <input type="checkbox"/> Off Reserve <input type="checkbox"/> Status <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Youth <input type="checkbox"/> Elder <input type="checkbox"/> Other (Specify):
What will be the target age for services/products? <i>(e.g. youth age 12-19, adults, elders)</i>	
How many clients (estimate) will be served by the project?	

F. SERVICE DELIVERY	
Who will provide the services/develop the products described in this project	
What qualifications and experience will be required of the service providers/product developers described above?	

G. Project Reporting	
What outcomes will your services/products have for clients?	
How will you measure these outcomes?	
Final Project Reports must be submitted by the successful applicant within 45 days of the completion date of the project. Final Project Reports will include the following:	

Outcome Reporting

A narrative description of progress made toward achieving the goals outlined in Section D of this document.

Statistical Reporting

Statistical Reporting must include no less than the following:

- Number and location of training, education and consultation events
- Number of service recipients per event
- Number of hours allocated by program partners

H. Capacity Development

<p>How will your project develop the capacity of the Simpcw community?</p>	
<p>What other resources are available to support this project?</p>	

<p>How will be the project be sustained/supported after project completion?</p>	
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I. BUDGET			
EXPENSES			TOTAL
<i>Direct Services Costs:</i>			
WAGES (Provide detail)			
PROGRAM MATERIALS			
PROGRAM TRAVEL			
Other:			
Other:			
Subtotal			
<i>Administration Costs:</i>			
Office Supplies			
Other:			
Other:			
Other:			
Subtotal			
TOTAL-Expenses			
OTHER REVENUE			TOTAL
Revenue Source:			
Revenue Source:			
Revenue Source:			
TOTAL-Other Revenue			
TOTAL- Budget			

J. DECLARATION

Date:

I, _____ am the applicant or designated representative of the applicant. I have the authority to submit this application and bind and make representations for the applicant. Through this offer, we agree to be bound by statements and representations made in this offer.

I hereby certify that:

- A. I have read, understand and agree to all of the terms and conditions attached as Schedule A;
- B. I agree that, should the Application be accepted (as indicated by the signature of authorized representatives of the Heritage Trust in Section K, below), this Application and the contents hereof (including Schedules, Appendices and attachments) shall be a binding agreement between the Applicant and the Heritage Trust.
- C. If the Application is accepted by the Heritage Trust, we agree to provide all the Services described in Sections D, E, F and G, above, for the Total Budget indicated in Section I.
- D. If requested by the Heritage Trust, I agree to execute a separate agreement reflecting the terms of this Application.

Applicant/Group name:

Authorized Representative name:

Signature: _____

K. ACCEPTANCE (to be completed by the Authority)

The Heritage Trust hereby approves the Application contained herein. With this acceptance, the Offer constitutes a binding agreement between the Applicant and the Authority.

The Heritage Trust agrees to pay the Applicant the amount of \$_____ (per Section I – Operating Budget) for the project term from _____ to _____, which the Heritage Trust shall pay in full consideration of all Services described in Sections D, E, F and G, above. This is the maximum amount the Authority will be required to pay the Applicant. Payment will be made in advance, in a single lump sum payment made on or around _____.

This agreement executed in duplicate and dated for reference the _____ day of _____, _____.

SIGNED AND DELIVERED on behalf of the **Simpcw Heritage Trust** by an authorized representative of the **Simpcw Heritage Trust**

(Authorized Representatives)

X

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