

Qames ʔəms tala Settlement Trust

Stage 1 Application For Grant Amounts from The Economic Development Fund

Any and all handbooks and applications previously adopted by the Trustees are **repealed and superseded** by this handbook and applications dated May 2020. It is the sole responsibility of the applicant to submit the correct application in accordance with the current handbook

Are you applying as: <input type="checkbox"/> An individual Tla'amin Citizen <input type="checkbox"/> A group of Tla'amin Citizens		
For what purpose: <input type="checkbox"/> New Project/Business <input type="checkbox"/> Existing Project/Business		
Applicant Primary Contact: SURNAME, GIVEN NAME(S)	Telephone Number	Telephone Number (business)
Mailing Address:	Email Address:	
Website (if applicable):		
Valid identification is required. You must provide both:		
<input type="checkbox"/> Citizenship Card Number _____ <input type="checkbox"/> photocopy Attached		
<input type="checkbox"/> Government Issued ID with Photo (Type): _____ <input type="checkbox"/> Photocopy Attached		
Please provide a third valid ID from the following:		
<input type="checkbox"/> Valid Business License number and expiry date: _____ <input type="checkbox"/> Photocopy Attached		
If business license is not yet applied for, date it is expected: _____ <input type="checkbox"/> Application Attached		
<input type="checkbox"/> Social Insurance Number _____ <input type="checkbox"/> Photocopy Attached		
<input type="checkbox"/> Document verifying your current address (Ex: piece of mail from a third party)		
<input type="checkbox"/> For a Tla'amin business application: a signed resolution from the Executive Council or Economic Development Committee authorizing and supporting this application		
<input type="checkbox"/> Does your project involve working with children or vulnerable adults? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If the answer is yes, you must submit Criminal Records Check and Vulnerable Sector Check for all volunteers <input type="checkbox"/> Copies Attached		

Title of Project/Name of Business:

Work Plan

List Goals

Identify the main goals of this proposal

List Activities

What are the main steps needed to achieve your results

List Responsibility

Who will be responsible for each activity in the work plan

Timeline

When will each activity begin and when will it complete?

Budget

What will this activity cost?

Results

Itemize your list of expected accomplishments

Evaluation Plan

How will you measure success? How will you evaluate the results of the activities? What are the checks and balances?

If you would like to expand, attach another page to this application

S.W.O.T ANALYSIS - List your internal Strengths and Weaknesses, external Opportunities and Threats in relation to the project or initiative

Strengths:	
Weaknesses:	
Opportunities:	
Threats:	

BUDGET

List costs by line item that this funding will cover, if approved. If more space is needed, please add page(s). For each capital expenditure you must attach at least 3 vendor quotes and explain:

- i) Why this item(s) is required for the project, and
- ii) From which vendors and why
- iii) If 3 vendor quotes are not available, explain why

There is a template attached to assist you in organizing the vendor quotes at the end of this application.

*** Not all expense fields will apply to your project. Mark with "0" if it doesn't apply ***

Item	Total Expense	Amount Request from Trust	Incomes from other sources		In-kind Contributions	Source and Contact Person (Phone & Email)
			Confirmed	Potential		
Salaries & Benefits		X				
Project Costs (Expenses such as materials, supplies resources)						
Administration (Rent, insurance, supplies, accounting or legal)						
Capital (Computers, office, furniture, equipment, renos and repair)						
Miscellaneous/ Other Expense (Please specify)						
TOTAL						

Amount of Funding Requested from Trust \$ _____ » If commercial business or real estate is included in this application, the Trust will only assist with financing the down payment «	Total Project Cost (including all additional sources of funding) \$ _____ <input type="checkbox"/> Personal Equity or Business Contribution (minimum % is required, see Handbook) \$ _____	Approached other funding source(s) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Receiving funding support from additional source(s) in the amount of \$ _____ \$ _____ \$ _____
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All submissions to the Qameṣ Ṣams tala Settlement Trust must include the information requested in this application form. Please review and check each section to ensure your application is complete and meets the review requirements of the Trust. Once you have confirmed that all of the required information is included in your submission, please sign and date the submission.

Only those applications that contain all of the required information will be considered.

- Letter of Request signed and dated by applicant(s)
- Fully completed Application Form
- Attached photocopies of required pieces of identification
- Attached any supporting documentation
- Completed Vendor Quotes Form for all capital items Completed "In Good Standing Letter"
- for a Tla'amin business applications, the signed resolution from the Executive Council or Ec. Dev. Committee

Release of Information Declaration

To the Trustees of the Qamꞩs ʔəms tala Settlement Trust:

The statements herein and attachments hereto reflect an accurate description and estimated costs regarding the intended use of Trust funds.

I (we) authorize appointed representatives of the Trust to obtain and share with persons or organizations, public or private, any information necessary to complete the assessment of the project outlined.

I (we) certify that I am a Citizen of the Tla'amin Nation and will provide verification by the way of copy of any citizenship card as requested. The Trustees are authorized to obtain confirmation of Tla'amin Citizenship with the Enrollment Officer.

I (we) authorize duly appointed representatives to perform a credit check, if required.

I (we) understand that the information provided is an application and that when this information is reviewed, written notification will be provided to advise if the application has been approved or not.

I (we) understand that if financial assistance from a Tla'amin Nation program is contributed to the intended project, this information can be released to the Tla'amin Nation community by way of formal publication.

I (we) authorize the Trustees to obtain proof of "In Good Standing" with the Tla'amin Nation.

I (we) commit to reporting back to the Trustees with proof of expenditure(s), with final dates to be detailed in the Contribution Agreement.

I (we) understand that if the funds dispersed from the Trust are used in a way other than the project application, I (we) will be responsible for full repayment of the funds.

I (we) intend to own the business for at least five (5) years. Should the business be sold before the 5-year term, the grant monies will be repaid to the Trust as per the schedule in the Contribution Agreement.

I (we) will fulfill the obligations of this project as described in my application.

I (we) commit to submitting annual Financial Statements for 5 years to the Trustees on this business. Should the Financial Statements indicate that the business is stagnant, the grant may be recalled.

Printed Name of Applicant

Signature of Applicant

Date Signed

Printed Name of Applicant

Signature of Applicant

Date Signed

Attention: Rod Allan

Chief Administrative Officer, Tla'amin Nation
4779 Klahanie Road
Powell River, BC
V8A 4Z3

RE: Verification Letter confirming "In Good Standing" with Tla'amin Nation

I, _____ (applicant name) request information on and release to the Qaməs ʔəms tala Settlement Trust Trustees that I am In Good Standing with the Tla'amin Nation.

Applicant Contact Information

Full legal name

Address

Signature

Date

I, Rod Allan have reviewed and confirm that the applicant IS or IS NOT (**Please circle**) In Good Financial Standing with Tla'amin Nation.

Rod Allan (CAO)
Signature

Date

Please send completed forms directly to the attention Kristi Thiele, Trustee Treasurer.

Vendor Quotes Form

For each capital item you are requesting funds for, please complete this form to show you have researched the item and are obtaining the item you want for a reasonable price. The items that appear here will match with the “Amount Requested from Trust” column on page 4 of the Budget.

Note that the Quote 3 column represents the proposed purchase item that is indicated in the budget. If you have less than 3 quotes available, please provide an explanation why.

Item	Description	Quote 1- Similar Vendor and Price	Quote 2 - Similar Vendor and Price	Quote 3 Vendor and Price
Example: Laser printer	HP Color LaserJet Pro M277dw All-in-One Laser Printer	Staples online \$429.99	Office Depot \$415.99	eBay \$230.00
			Total of Quote 3's	

You will provide copies of each vendor and price for each capital item. For the example, there would be a print out of the Staples online showing the price for the printer, the Office Depot for the same or similar printer, and the eBay print out would show the printer that is being requested from the Trust funds. You then total only the column of Quote 3, which will match the “Total Amount Request from the Trust” on the budget page. Contact Kristi Thiele with any questions or clarification.