

# **THUNDERBIRD TRUST**



**REQUEST FOR BENEVOLENT FUNDING**

## **GROUP APPLICATION**

**2023**

**CHIPPEWAS OF THE THAMES  
FIRST NATION**

## Welcome to the Thunderbird Trust Group Application!

Each year the amount for distributions for community projects depends on the revenues realized each fiscal year. Our newly amended Trust agreement allows the ability to effectively plan for the fiscal year by determining the annual income at a minimum of 3% of the market value of the Authorized Investments as held in the Trust Accounts as of December 31<sup>st</sup>. (see 9.1 b Annual Income for full definition).

We are pleased to inform you that applications for 2023 are now being accepted. The Thunderbird Trust agreement lists benevolent purposes (Sec.8.8) for funding. Below is a summary of the areas qualified for funding;

- a) Education
- b) Physical/Mental Health
- c) General Health
- d) Equipment (health)
- e) Athletes
- f) Equipment (recreational)
- g) Construction/maintenance recreational facilities
- h) Culture/language/arts programs
- i) Research (COTTFN) history
- j) Historical (secure artifacts)
- k) Research (land claims)
- l) Relief in disasters (Emergency Policy)
- m) Supplement (senior program funds)
- n) Grave memorials

Trustees are purposeful in their planning and seek ways to align with the COTTFN Community Comprehensive Plan. Trustees are aware that the funds do not meet all members' needs but do their best to meet a broad amount of needs for both on and off reserve members while maintaining accountability and feasibility. Careful consideration must be made as to those proposals that best fit with the community's current needs.

Please read this handbook carefully before beginning to fill out the application form. We continue to be proud and want to thank the many members who give up their time to provide extra benefit to our community and members through Thunderbird Trust funding.

Miigwech,

*Thunderbird Trustees*

## **INSTRUCTIONS & DEADLINE:**

For full instructions see the Benevolent Handbook, available online or by request.

1. **Application Deadline** – Applications will be accepted until 11:59 p.m. Eastern Standard Time on **June 2, 2023**.

**Note: NO LATE documents or applications will be accepted, we adhere to a strict deadline with no exceptions. Submissions must be complete by the final deadline.**

2. **Confirmation** – It is the sole responsibility of the applicant to ensure that we have received your proposal.
3. **Trustee Proposal Review** - If your proposal is complete, it will be addressed at a special Trustee meeting to determine whether it meets the criteria. If your proposal does not meet mandatory criteria, it will be removed from the review process and you will receive a letter outlining reasons for denial of application.
4. **Final Decision** - Funding decisions made by Trustees will be final.

## **WHERE TO GO FOR HELP AND INFORMATION**

**Contact Us:**  
Thunderbird Trust  
641 Jubilee Rd “Unit B”  
Muncey, Ontario  
N0L 1Y0

**Phone: 519-264-2626**

**Fax: 1-844-877-1395 OR  
519-264-2628**

**Email: [rsault@thunderbirdtrust.ca](mailto:rsault@thunderbirdtrust.ca)**

**The handbook is also available for downloading on our website:**

**Visit us at: [www.thunderbirdtrust.ca](http://www.thunderbirdtrust.ca)**

Please be sure to spread the word about our website to your family and friends!

# **Thunderbird Trust Funding Application Form**

## **SECTION A: INFORMATION ABOUT YOU**

Please be advised that a group application requires an applicant and co-applicant. Also, where the applicant is under the age of 18 years, an adult is required to be the co-applicant and will be responsible for the management of funds received from the Trust and all reporting requirements.

A1 Name of applicant: \_\_\_\_\_ Name of Co-applicant: \_\_\_\_\_  
\_\_\_\_\_

A2 Mailing Address of applicant (House # or 911 number):  
Address: \_\_\_\_\_ Apt #: \_\_\_\_\_  
City: \_\_\_\_\_ Prov./State: \_\_\_\_\_  
Postal/Zip Code: \_\_\_\_\_

A3 Band Number (begins with 1660...): \_\_\_\_\_

A4 Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_

A5 Identification: Two pieces of identity must be included, at least one must have your signature on it. Check if applicable and include copies with submission.

- |                                                    |                                                 |
|----------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Status Card (not expired) | <input type="checkbox"/> Letter from membership |
| <input type="checkbox"/> Driver's License          | <input type="checkbox"/> Other: _____           |

**\*Please note we will not be responsible for providing proof of membership from any documents previously submitted to the Trust.**

## **INFORMATION ABOUT GROUP**

Groups defined as a group of two or more members of Chippewa of the Thames offering a program or activity which benefits members of Chippewa of the Thames.

A6 Name of group/organization.  
\_\_\_\_\_

A7 How many years has your group/organization been in existence?

Less than 1 \_\_\_\_\_ 1-5 \_\_\_\_\_ 6-10 \_\_\_\_\_ 10+ \_\_\_\_\_

A8 List any partners or potential collaborations.

A9 Do you or others involved have experience in organizing activities?

If yes, please list other events/activities below. Yes \_\_\_\_\_ No \_\_\_\_\_

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A10 How many volunteers/members are helping implement the project?  
Check the appropriate amount.

1-5 \_\_\_\_\_ 6-10 \_\_\_\_\_ 11-19 \_\_\_\_\_ 20+ \_\_\_\_\_

**SECTION B: INFORMATION ABOUT YOUR PROJECT**

Please attach an additional page if there is not enough room.

B1 Project Name: \_\_\_\_\_

B2 Project Description: Briefly describe your project outline.

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B3 Location of Project: \_\_\_\_\_

B4 Amount of funding requested: \$ \_\_\_\_\_

B5 Project start date: \_\_\_\_\_

Project end date: \_\_\_\_\_

B6 Goals of the project:

- i) \_\_\_\_\_  
\_\_\_\_\_
- ii) \_\_\_\_\_  
\_\_\_\_\_
- iii) \_\_\_\_\_  
\_\_\_\_\_

B7 How will Chippewas of the Thames First Nation and its members benefit from this project?

\_\_\_\_\_  
\_\_\_\_\_

B8 CCP Alignment: Does your project align with the *COTTFN Comprehensive Community Plan*? Check one or more of the strategies that apply.

- |                                                          |                                                           |
|----------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Health and Wellness             | <input type="checkbox"/> Prosperity Development           |
| <input type="checkbox"/> Social and Cultural Development | <input type="checkbox"/> Infrastructure                   |
| <input type="checkbox"/> Justice and Emergency Response  | <input type="checkbox"/> Land and Environmental Mgmt.     |
| <input type="checkbox"/> Life-Long Learning              | <input type="checkbox"/> Governance & Public Sector Mgmt. |

If yes, state which area and strategies the project addresses and how (reference the page and strategy number. For a copy of the Community Plan latest draft go to <https://www.cottfn.com/community-planning/> website or call the band office. If you require additional space to write please add to the application.

B9 Who will the project serve? (i.e., certain age group? Certain group having distinct needs, On-reserve members, Off-reserve members, or both).

Check ONLY the ones that apply, can be multiple:

<input type="checkbox"/>	Group of band members	<input type="checkbox"/>	Children ages 0-17
<input type="checkbox"/>	Percentage of COTTFFN members	<input type="checkbox"/>	Young Adults ages 18-35
<input type="checkbox"/>	Off-Reserve	<input type="checkbox"/>	Adults ages 35-60
<input type="checkbox"/>	On-Reserve	<input type="checkbox"/>	Seniors 60 +
<input type="checkbox"/>	Disabled	<input type="checkbox"/>	Other: _____

**SECTION C: INFORMATION ON FINANCES & BUDGET**

C1 Please list what fundraising activities you have completed (if applicable).

Event	Funds Raised

C2 Have you received and/or requested any other funding? Yes \_\_\_ No \_\_\_

If yes, please provide details of funding received and/or requested. Applicants who provide proof for matching or additional funding will receive more points.

Name of Funder	Amount

Examples proof of matching funds: Letter from funder  
 Email from funder  
 Bank statement

C3 Are there any future fundraising activities planned for this project?

Yes \_\_\_ No \_\_\_ If yes, please list below:

\_\_\_\_\_

\_\_\_\_\_





## SECTION D: Work Plan

Please fill in this work plan and use additional pages as required. The more information you provide increase your score for this section.

<b>Goal(s):</b> In the “big picture,” how will this grant contribute to the quality of life for Chippewas of the Thames?			
<b>Results/ Outcomes</b> Your itemized list of expected accomplishments. For multi-year grants, set results for each year.	<b>Activities</b> What are the main steps needed to achieve your results? Estimate time needed to complete each activity.	<b>Responsibility</b> Who will be responsible for each activity (in your group)?	<b>Timelines</b> Provide the approximate month/day activities will take place.

## E. CHECK LIST:

### E1 REQUIRED DOCUMENTS CHECKLIST:

The following checklist is to assist you to ensure you have fulfilled all requirements of the application.

Complete Application	Proof of funds (contribution or matching)
Copy of Status Card(s) (not expired)	Complete budget
Letter from Membership (if status card expired)	Consent & Declaration form signed
Copy of 2 <sup>nd</sup> photo ID (signature required)	Proof of recognized group (letter from Chief & Council)

### E2 SUGGESTED DOCUMENTS CHECKLIST:

The following checklist is a list of suggested documents that will give you additional points when your application is being scored. Applications are scored based on content and not necessarily the quality of the scope of project. Score sheets are available upon request and will assist you in submitting the best possible application.

Letter(s) of support
Letter(s) of denial of funding
Quote(s) from vendor(s)

### E3 Consent & Declaration: To the Trustees of the Thunderbird Trust Agreement:

The statements herein and attachments hereto reflect an accurate description and estimated costs regarding the intended use of trust funds. By signing below, you consent to the following:

I (we) give consent to the 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 (we) am (are) a member(s) of the Chippewas of the Thames First Nation and have provide verification by status card with application.

I (we) give consent to the Trust for my project information and any pictures for the purpose of publication through newsletter, website or social media platforms.

I (we) declare that all information provided is truthful to the best of my (our) knowledge and that I (we) have disclosed all other sources of funding procured at any time during the process up to date of completion should my (our) project be selected AND that all funds will be used for the sole purpose of this project as outlined in the budget.

\_\_\_\_\_  
Signature of Applicant 1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant 2

\_\_\_\_\_  
Date

## Authorization for Release of Information

I (We), members of the Chippewas of the Thames First Nation, am (are) an applicant(s) for project funding from the Thunderbird Trust for:

Name of project: \_\_\_\_\_.

In conjunction with this application, I (we) have applied for funding for this project to:

Name(s) of organization or government department/agency:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

I (We) hereby authorize each of the above named to provide the Thunderbird Trust with such information about my (our) application for funding and the results of such application, including, but not limited to:

- A copy of the application together with any supporting documentation; and
- If successful, the amounts to be provided or granted and the terms and conditions that are associated with the provision of the funding.

For so doing, this shall be your full and sufficient authority.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Applicant 1

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Applicant 2

\_\_\_\_\_  
Print Name