Thunderbird Trust

Grave Memorial Fund Policy

PURPOSE: To provide financial assistance to Chippewas of the Thames Members in purchasing grave memorials.

POLICY 1.1 DEFINITIONS

In this policy:

"Member" means a person on the Chippewas of the Thames Band List and also interchangeable with "citizen',

"Grave Memorial" means a grave marker for a member as outlined in the Trust agreement.

Specific Uses of Trust Property: Benevolent Purposes

8.1 Subject to the terms of this Trust, the Trustees may in their absolute discretion authorize the use of the Trust Property for the following purposes:

n) to pay for basic grave memorials for Members.

1.2 ELIGIBILITY AND ASSISTANCE

The Grave Memorial Fund is available to purchase a basic grave marker for members up to but not exceeding $1000.00 per application and can only be accessed once every other year per household.

Anyone can apply to the Grave Memorial Fund for a deceased member within the provisions set out in this policy and the Thunderbird Trust Agreement, and upon completion of the Grave Memorial Fund Application Form (Appendix A). Applications for Grave memorials already purchased are not eligible.

PROCEDURE:

Applicants shall complete the application form to request financial assistance under this policy or, alternatively, may telephone the General Manager and complete the application form over the telephone or by email.

All supporting documentation shall be supplied by the applicant before a decision can be made. If you require any documentation returned, please note below in the application.

Applications will be submitted to the Trustees at a regularly scheduled meeting of the Trust and applicants will be notified of the decision in a timely manner.

Criteria for Grave Memorial Funding includes the following:

1.0 Proof of Membership - Chippewa of the Thames First Nation membership must be proven

2.0 Proof of Death – A certificate of Death must be submitted

3.0 Quote – A quote/invoice from vendor is required and payment will be distributed direct to vendor

Thunderbird Trust
Grave Memorial Fund Application

Applicant Information:

First & Last Name:			
Band # (if applicable):			
Address:			
City:		**Prov./State:**	
Postal/Zip Code:		**Phone:**	
Email:			

Deceased Member Information:

First & Last Name:			
Band # :			
Date of Birth:		**Date of Death:**	
Burial Location:			

Supporting Documents (Please be sure to include the following)

	Copy of Front and Back of Status Card OR verification letter from Membership Clerk
	Copy of Certificate of Death
	Quote/Invoice from Vendor

By signing this document, you are acknowledging that you have read and agree to the Grave Memorial Fund Policy and that the information and documents included are factual.

Applicant Signature: **Date:**

FOR OFFICE USE

Reviewed by: _____ **Approval Date:** _____

Payment Details:

Vendor Name & Address: _____

Amount Paid: _____ **Cheque #:** _____