# Nishnawbe Aski Development Fund

##### **Community Initiative Grant**

##### **APPLICATION**

This template is available in MS Word by contacting Financial Support Services at 1-800-465-6821. It is also available on-line at <http://www.nadf.org/article/application-forms-230.asp>

## IDENTIFICATION OF APPLICANT:

## Name of Organization/First Nation:

Address:

Telephone:

Fax:

Contact/Authorized Person:

Title of contact:

Contact number:

Signature of authorized person:

Email of Contact:

Amount applying for (Max. $10,000):

**Project Overview**

Project title:

Project description and objective(s) – In one or two paragraphs please provide detailed information about the description of the project and what its goals are (ensure you provide detail as to how the project meets one or more of the eligible activities and meets the application criteria – refer to call letter - or it may not be approved):

Project start date:

Project milestone(s) and date(s):

Project end date:

What information will be submitted to support that the project has been completed? For example, pictures of final product, supporting invoices, proof of certification, etc.

What will be measured throughout the project to ensure the goals have been achieved? For example, number of jobs that will be created, forecasted economic impact on the local economy, number of people that acquired skills, number of widgets built, etc. Also, please provide a description and/or a copy of your evaluation mechanism.

**PROJECT FINANCIAL BUDGET**

Please complete the following or provide a copy your own detailed budget:

**NOTE:** Include the amount of the grant you are applying for through NADF in the following budget and the source of the 10% cash contribution of the applicant.

|  |  |  |
| --- | --- | --- |
| PROJECTED REVENUES/FUNDING | | |
| Name of Contributor | Source of Funds | Total contribution |
| **NADF** | **Grant Application** | $ |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | Total Revenue | $ |

**NOTE: \*\*\***A quote from each supplier is required to be submitted with the application for the projected expenses.**\*\*\***

|  |  |  |
| --- | --- | --- |
| PROJECTED EXPENSE | | |
| Name of Supplier | Description of Expense | Total Expense |
|  |  | $ |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | Total Expenses | $ |

**Evidence of 10% Cash Contribution**

Please provide evidence that you have the required 10% cash contribution of the overall cost of the venture, i.e. a bank statement or similar statement showing the funds are available. (bank statements must be in the name of the applicant)

**Documentation Requirements Checklist**

Ensure the following documents are submitted with your application or the grant may not be approved.

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|  |  |
| --- | --- |
|  | A copy of the projected timeline from beginning of the venture to the end. |
|  | A copy of the evaluation mechanism for assessing the success of the project. |
|  | Proof the applicant has the required 10% cash contribution.   * Bank statements in the name of the applicant. |
|  | Copies of quotes from the suppliers. |
|  | A copy of the projected budget - if a separate document. |