



# Driftpile Cree Nation Recreational Request for Funding

Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Email: \_\_\_\_\_

Minor's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Are you or the individual whom you are applying funding for a member of Driftpile Cree Nation?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Treaty Number of the individual the funding is for: \_\_\_\_\_

**Reason for funding request:**

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Provide a breakdown of the expenses that will be incurred from the activity you are requesting funding for:

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

Are you, the minor or anyone else eligible for recreation assistance from any other source for this same request? Yes: \_\_\_\_ No: \_\_\_\_

If yes, from which other organization? \_\_\_\_\_ Phone#: \_\_\_\_\_

Are you, the minor or anyone else receiving any funding from any other source for this same request? Yes: \_\_\_\_ No: \_\_\_\_

If yes, from which other organization? \_\_\_\_\_ Phone #: \_\_\_\_\_

Provide a breakdown of the funding you, the minor or anyone else is receiving from another organization

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Date cheque required: \_\_\_\_\_

Cheque payable to: \_\_\_\_\_  
\_\_\_\_\_

Are you in good standing with the Driftpile Cree Nation, its entities and associated agencies?

Yes: \_\_\_\_ No: \_\_\_\_

### **Personal Information Disclosure Statement**

The personal information collected on this application form is being collected for the purpose for determining and verifying eligibility for the general administration and enforcement of the Driftpile Cree Nation program(s). The information will not be disclosed to any other person or organization except as authorized by the Freedom of Information and Protection of Privacy Act (Alberta) and (Canada).

Collection of this information is authorized by part 2, Division 1 of the Freedom of Information and Protection of Privacy Act (Alberta) and section 4 of the Privacy Act (Canada).

### Authorization/Consent

I, \_\_\_\_\_ (print name) authorize any funding agency, government department, agency, public body, other organization or person holding personal information concerning me, including but not limited to: Human Services, First Nations, Regional Council, Metis Locals to disclose information to the Driftpile Cree Nation for the purpose of determining and verifying my eligibility or a minor in my care for the general administration and enforcement of Driftpile Cree Nation Recreation Program Sports and Recreation Grant. The authorization/consent is valid for one year from the date signed.

I agree the funds allocated for this request will be issued as specified in this application and if funds are not, I agree to pay back to the Driftpile Cree Nation, the amount issued and further funding under this policy will be refused until such time and acknowledge that I will be placed in arrears until the funds are paid in full

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

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

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**Verification:**

Outside funding agencies contacted (check all that apply):

Human Services \_\_\_\_\_ First Nation \_\_\_\_\_ Other \_\_\_\_\_

**Comments:**

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**Approval:**

Approved \_\_\_\_\_

Not Approved \_\_\_\_\_

Amount \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

## Membership Confirmation

\_\_\_\_\_ is seeking funding from Driftpile Cree Nation on behalf of,  
\_\_\_\_\_, Treaty Number: \_\_\_\_\_.

### Verification:

Name: \_\_\_\_\_

Treaty Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I do confirm that this individual **is** a registered member of the Driftpile Cree Nation: \_\_\_\_\_

I do confirm that this individual **is not** a registered member of the Driftpile Cree Nation: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_