

Binoojiinyag Fund is to provide financial assistance to Chippewas of the Thames First Nation (COTTFN) children and youth residing on or off reserve who participate in recreational activities, performing arts, and cultural/language activities.

The operating year of funding is April 1<sup>st</sup> to March 31<sup>st</sup> of each fiscal year. The binoojiinyag funding maybe depleted prior to March 31<sup>st</sup> and we cannot guarantee all applications will be funded. Furthermore, funding is contingent on Chippewas of the Thames First Nation funding availability.

## **ELIGIBILITY AND FUNDING REQUIREMENTS**

### **ELIGIBILITY – WHO WE WILL FUND?**

1. Registered status members of Chippewas of the Thames First Nation who are 21 years of age and younger.
2. The child/youth is eligible for funding if they are playing recreational sports at all levels, a performing artist in either music or dance, or an elite athlete competing at the highest-level sports activity.
3. Applications will be accepted from active Provincial, National or International team athletes and performing artists who are training to represent in a National or International tournament/competition.
4. Special event funding will be considered such as All Ontario and NAIG.
5. Binoojiinyag funding will support the development of children/youth that participate in cultural and language activities such as competition pow-wows, language conferences or challenges.
6. The funding supports children and youth 0-21 years of age, therefore the youth must have participated in the activity prior to their twenty-first birthday within the fiscal year.
7. A COTTFN status child/youth can only apply once per year, regardless of the number of eligible activities or the costs associated with a previous activity.

### **APPLICATION PROCESS**

1. Maximum funding per applicant is **\$800.00 per fiscal year**.
2. Complete the Individual Application Form (**see Appendix A**).
3. Attach a copy of the applicant's status card of the front and back as proof of membership.
4. Applicants are required to attach a 4x6 colour photo of themselves that COTTFN can retain for use on its website or other promotional materials. By submitting the photo, you declare that the photo is owned by you and is free and clear of any rights issues to photographers, sports/entertainment organizations.
5. Applicants must attach a copy of their receipts if they have contributed to their activity and are requesting reimbursement.
6. All applications must attach original invoices if you have not yet contributed financially to your activity. Payment will be made directly to the organization or business.
7. Applications will be processed monthly, or until the funding has been depleted.

### **FUNDING REQUIREMENTS & REPORTING**

1. Upon approval of your application, the applicant will be required to complete (8) hours as a community volunteer at a Chippewas of the Thames First Nation event. Applicant's parents who are a volunteer coach, trainer, or manager of one of Chippewas of the Thames First Nation teams is considered a community volunteer or a member of Chippewa Social Initiative Committee. **(see Appendix B).**
2. Eligible community events are: Solidarity Day festivities, Pow-wow, Harvest Feast, Community Hallowe'en Party, Children's Christmas Party, and AFR volunteer. Volunteers are not restricted to this list only but encompasses all COTTFN events.
3. 60 days from the date of the event an Activities Report must be completed. **(see Appendix C).**
4. Failure to complete activities report will result in reimbursement to binoojiinyag fund and will make you ineligible for future funding for a period of (3) years.
5. Applicants are NOT guaranteed the maximum amount, as decisions are made at the discretion of the Youth Development Coordinator and Social Services Director.

### **ELIGIBLE EXPENSES**

1. Registration Fees
2. Travel
3. Accommodations (must provide receipts for reimbursement)
4. Equipment costs (must provide receipts for reimbursement)
5. Training and/or Development Costs

### **INELIGIBLE COSTS**

Binoojiinyag funding will not fund teams/athletes over the age of 21 years of age and team uniforms.

**APPENDIX A – BINOOSIINYAG APPLICATION FORM**

**PLEASE PRINT**

<b>FUNDING EVENT (please check off what is applicable to your application)</b>			
<input type="checkbox"/> Sports			
<input type="checkbox"/> Arts (Dance)			
<input type="checkbox"/> Entertainment (Music)			
<input type="checkbox"/> Cultural-Language Activity			
<b>APPLICANT INFORMATION</b>			
Applicant Name:		Parent/Guardian:	
Date of Birth:		Band Number:	
Address:			
Telephone:		Cell:	
Email:			
Team/Group Name: (if applicable)		Contact Person	
<b>STATISTICAL INFORMATION (please check of what is applicable to the applicant)</b>			
<input type="checkbox"/> On reserve member		<input type="checkbox"/> Off reserve member	
Is this your first time applying for the funding?    Yes or    No			
Date of Last Application:			
<b>ACTIVITY INFORMATION</b>			
Name of Team/Group:			
Location of Activity:			
Team/Group Manager:			
Start Date:		Completion Date:	
List all activities that you have participated in the last (3) years			
What is your goal/objective in your area of interest for which you are applying for this funding?			
<b>BUDGET (applicable to your application only)</b>			
<b>REVENUE (Income / Other Sources)</b>		<b>EXPENDITURES</b>	
<b>DETAILS</b>	<b>AMOUNT</b>	<b>DETAILS</b>	<b>AMOUNT</b>
Personal Contribution		Registration	
Fundraising		Travel	
Dreamcatcher		Accommodation	
Other (please specify)		Equipment	
<b>TOTAL</b>		<b>TOTAL</b>	
<b>FUNDING REQUESTED FROM BINOOSIINYAG (Max. funding \$800) \$</b>			

**PAYMENT DETAILS:** Please indicate below whom payment should be made to.

**DECLARATION:**

I solemnly swear the information provided is a true statement and understand that any false statement will void my application.

I authorize Chippewas of the Thames First Nation to authenticate all information pertaining to the application prior to any approval for funding.

I agree that should the activity be cancelled that I am responsible for reimbursing Chippewas of the Thames First Nation 100% of the cost paid by COTTFN.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



**APPENDIX B – COMMUNITY VOLUNTEER FORM  
CHIPPEWAS OF THE THAMES FIRST NATION  
BINOOSIINYAG FUNDING  
COMMUNITY SERVICE – VOLUNTEER VERIFICATION**  
\*PLEASE RETURN COMPLETED FORM TO THE SOCIAL SERVICES DEPARTMENT\*

<b>PARTICIPANT NAME:</b> <b>ADD PARENT/GUARDIAN NAME:</b>	
<b>CONTACT INFORMATION:</b> <b>TELEPHONE, EMAIL</b>	

**PROJECT INFORMATION**

<b>VOLUNTEER ACTIVITY DESCRIPTION:</b> What did you do and whom did it benefit?	
<b>DATE OF VOLUNTEER SERVICE:</b>	
<b>TOTAL NUMBER OF HOURS VOLUNTEERED:</b>	
<b>LOCATION OF ACTIVITY:</b>	

I hereby verify that the above noted participant has volunteered their time with no monetary compensation at the activity listed.

\_\_\_\_\_  
Supervisor Name, Position

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

