



NEW RELATIONSHIP TRUST

INVESTING IN FIRST NATIONS IN BRITISH COLUMBIA

BC FIRST NATION ELDERS GRANT INITIATIVE APPLICATION 2018/19

Name of Elder Group: _____

Name of First Nation: _____

Address and Postal code: _____

Contact Person #1: _____

Email #1: _____

Contact Person #2: _____

Email #2: _____

Telephone: _____

Fax: _____

Amount Requested \$ _____

****Please complete all information requested on this form.***

Project Information:

Name of Project _____

Description:

Please provide an separate summary of how funding will benefit the Elders in your community. (2 pages max.)



Budget:

Projected Revenue	
NRT Grant Requested:	\$
Other Funding Sources:	
First Nation	\$
Fundraising	\$
Other:	\$
Total Projected Revenue	\$
Projected Expenditures	
Speaker, Instructor or Facilitator Fees	\$
Facility Rental Costs	\$
Workshop Materials	\$
Catering	\$
Travel, gas	\$
Accommodations:	\$
Other:	\$
Other:	\$
Total Projected Expenditures	\$

***Please no ineligible expenses to be listed in budget**

***On a separate page please provide a letter of support from your BC First Nation or Government on letterhead and attach to this application.**

BC FIRST NATION ELDERS GRANT INITIATIVE

I understand that the information submitted in and with this application will be used to assess our Elders group eligibility for the BC First Nation Elders Grant initiative. I hereby certify that all the information provided on this application form and in all the documents accompanying it is true, accurate and complete. I have read all the policy and guidelines under this New Relationship Trust BC First Nation Elders Grant initiative. By submitting this application, I agree to be bound by the policies and guidelines of this initiative.

Signature of Applicant:

_____ Date: _____

Print Name:

_____ ***Application deadline: Open until Funds Exhausted.***