

2025 Third Call Grassroots Application

**Application Instructions**

# The following application must be completed and submitted electronically with all supporting documents no later than 4:00pm EST on

**Friday September 12, 2025,** to trust@sndevcorp.ca.

**Late or incomplete applications will not be accepted or reviewed by the Trustees**.

# Before handing in your application please ensure you have read through the Application Guidelines & Instructions Handbook to ensure you have completed the application form correctly and attached all documentation.



## SECTION 1: GENERAL INFORMATION

### See Guidelines Section 1, Page 8

1. Name of your Group:
2. Please list the names & title of ***current*** members.

|  |  |
| --- | --- |
| Names of current members | Title |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

1. Address to be used on the funding agreement for your project.

## SECTION 2: PROJECT INFORMATION

### See Guidelines Section 2, Page 8, 9 & 10

1. Proposal Name:
2. What is the total amount of your request?
3. Provide a description and the purpose of the proposal you wish to have funded & who will benefit. (Please feel free to add additional pages or pictures if necessary).
4. Please identify 1 community priority and 1 or more Community Goals (identified by a coloured circle) in the Overview of Community Priorities and Goals found on pages 12 & 13 of the 2019 Community Plan that your proposal will address.
5. Are there other funding opportunities for your proposal? Yes \_ No \_ Unsure 

\_\_\_\_

\_\_\_\_

\_\_\_\_

If yes, please supply the name of the potential funder and list what you have applied for (include requested amount). If no, what are the barriers you are facing for obtaining funding for your proposal?

1. What is the maximum number of community members that could attend your proposed event and/or use your service?
2. How will you find participants for your proposal?

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1. Please identify any partnerships you may have with other organizations.
2. How will you acknowledge funding from the Economic Development Trust to participants and/or the community?

## SECTION 3: EXPENSE PLAN

### See Guidelines Section 3, Page 11 for Guidelines

**NEW:** All items must be listed in your budget, however only expenses over $5,000 require quotes. Budget items over $5,000 require 3 quotes, or an explanation why you wish to sole source. If you sole source you must attach one quote. Honoraria is an eligible expense but will not be payable to anyone on the project committee.

Note: Quotes to be dated within the calendar year. It is suggested that at least one quote of your project proposal come from an Onkwehón:we/Indigenous vendor/or business. If you are unable to obtain a quote from an Onkwehón:we/Indigenous vendor/or business please explain below.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | ***Budget Item List*** | ***Budget Item Costs*** | ***Date Of******Completion/Purchase*** | ***3 Quotes Attached for budget items******( over $5,000)*** | ***1 quote******Attached for Sole Sourced budget items******(over $5,000)*** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |
| **6** |  |  |  |  |  |
|  | ITEM TOTAL(S) |  |  |  |  |
|  | YOUR CONTRIBUTION(fundraising $$ etc.) |  |  |  |  |
|  | TOTAL REQUESTED |  |  |  |  |

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Explanation for Sole Source (if applicable)

If you were unable to secure an Onkwehón:we/Indigenous vendor/or business please explain below.

## SECTION 4: FINANCIAL INFORMATION

### See Guidelines Section 4, Page 13

1. If your group has been established for a period of one or more years, please provide a copy of your group’s current financial standing. You may submit a copy of your operating budget and financial statement or bank statement. If your group is a newly formed group, please provide an operating budget.

## SECTION 5: CONTACT INFORMATION

### See Guidelines Section 5, Page 13

#### By signing this application, the contact person(s) agrees to the following:

* + Six Nations of the Grand River Economic Development Trust may release information or knowledge of the project to any person, corporation, or agency and media requiring such information.
	+ To receive future electronic communication from the Six Nations of the Grand River Economic Development Trust regarding any information/updates on the EDT.
	+ Successful applicants will be invited to attend the Annual General Meeting of the Trust and may be asked to present the Project.

#### Contact Person #1:

Name:

Mailing Address:

Blue # Address: Daytime number: Mobile number:

E-mail address of first contact person for this application:

#### Signature:

**Contact Person #2: (if applicable)**

Name:

Mailing Address: Blue # Address: Daytime number: Mobile number:

E-mail address of second contact person for this application:

#### Signature:

**Conflict of Interest – See definitions in guidelines**

* + Do you as the applicant wish to declare a Conflict of Interest or Perceived Conflict of Interest with any Trustee? If so, please provide the name of the Trustee and an explanation of the conflict.

#### (Trustees: Rachel Martin, Erica Martisius, Janis Bomberry, Audrey Hill)

 I understand the importance of avoiding any conflicts of interest (or the appearance thereof) when obtaining quotes for goods and/or services.

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