

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 INFORMATIONSee Guidelines Section 1, Page 8

1.	Name of your Group:			
2.	Please list the names & title of <i>current</i> members.			
	Names of current members	Title		
3.	3. 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?	
6.	What is the maximum number of community members that could attend your proposed event and/or use your service?	
7.	How will you find participants for your proposal?	

9.	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				

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:		
Blue # Address:		
Daytime number:	Mobile number:	
E-mail address of first contact p	person for this application:	
Signature:		
Contact Person #2: (if applica	able)	
Name:		
Mailing Address:		
Blue # Address:		<u> </u>
Daytime number:	Mobile number:	_
E-mail address of second contact	ct person for this application:	
Signature:		
Conflict of Interest – See defin	nitions in guidelines	
Do you as the applicant wis the Trustee and an explana	sh to declare a Conflict of Interest or Perceived Conflict of Interestion of the conflict.	st with any Trustee? If so, please provide the name of
	(Trustees: Rachel Martin, Erica Martisius, Janis Bomberr	ry, Audrey Hill)
☐ I understand the importan	nce of avoiding any conflicts of interest (or the appearance there	of) when obtaining quotes for goods and/or services.