Mississagi Trust Comprehensive **Community Plan Application Form**

The following simplified application form is to be completed by the appropriate program of

•	ets that are directly related to the comprehensive supporting the project must be attached to the application.
Please complete the following:	
Lead Program – Identify which First N	lation program that is taking the lead on this project.
Program Name:	
Contact Name:	
Contact Phone Number:	
-	 Identify other programs that are involved in the project Ill relevant contacts and the role that they have in the
Program & Contact Name	Role
Other Partners – Identify other proje	ct partners and their contribution.
Name & Contact Information	Contribution
Project Descrip	otion

mount Requested fro	m Missi	ssagi Trust:	
	TOTAL		
Budget Item		Proposed Cost	
otal Project Cost: ocluded all relevant information in t	-		
,	L		
Project Budget	-		

Other Funders

Approval letters from all project funders that have confirmed contributions at the time of application are required to be sent as attachments to the application form

Name of Funder	Amount Requested	State of Proposal
		Pending

Anticipated Start Date:

Completion Date:

Project Cash Flow

Complete the attached monthly cash flow spreadsheet based on the project budget.

Cash Flow

LINE ITEM	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL
TOTAL													

Mississagi Trust Checklist for Comprehensive Community Plan Project Applications

complete the following checklist. Provide all the required documentation along with oplication.
Provide proof of partner contributions
Provide a copy of all quotes that have been used to calculate budget costs
Provide a copy of the Band Council Resolution confirming the First Nation contribution