# **Missanabie Cree First Nation**



Recreation, Activities, & Sponsorship Policy

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## 1.0 **Date of Acceptance**

This policy has been duly accepted with amendments by a quorum of the Missanabie Cree First Nation Council, this, 10 Day, of October 2023, by Motion # 23.10.10.03.

#### 2.0 **Role and Intent**

- 2.1 This Policy applies to all Missanabie Cree First Nation (MCFN) Members and their children living in the household.
- 2.2 This fund was established to assist Missanabie Cree First Nation Members and their children living within the household to encourage a healthy, active lifestyle and promote growth in recreational activities to the members of Missanabie Cree First Nation.
- 2.3 The MCFN recreation, activities, and sponsorship program shall ensure that sound financial planning and coordination are conducted for the implementation and coordination of recreational and sporting activities that can be accessed. The financial costs will be restricted and in accordance with this policy.

## 3.0 Eligibility

- 3.1 Definition of Missanabie Cree First Nation Community Members:
  - Band members who are registered on the Missanabie Cree First Nation "Band List". a)
  - b) "Child" a minor child under the age of 18 years, born to a Band Member parent, a legally adopted child, or a child adopted in accordance with the custom of the Missanabie Cree First Nation; a child living in the home and supported by a Member registered with Missanabie Cree
  - "Spouse" of a band member who are either: c)
    - married to each other; or i)
    - ii) cohabiting and have been cohabiting in a conjugal relationship continuously for a period of not less than 1 (one) year.
- 3.2 Eligible costs include but are not limited to:
  - Registration fees
  - Membership fees
  - Equipment such as uniform, footwear, safety gear, etc.
- 3.3 organized sport or recreational programs are eligible under this program

#### 4.0 **Submission & Approval Process**

- 4.1 Members will complete the application for and provide written documentation from the organization with the costs identified and submit to MCFN
- 4.2 A response to the request will be given to the applicant within 7 (seven) days on the following business day after receipt of delivery of the request.
- 4.3 A decision will be made within 2 (two) weeks on the following business day after receipt of delivery of the request.
- 4.4 If approved, the process will be completed within 30 days on the following business day after the received submitted request.
- 4.5 An approval letter will be sent to the eligible person and will identify the funding amount that has been approved.

#### 5.0 **Payments**

- 5.1 All payments will be made to the organization unless approved by the coordinator in special circumstance that MCFN is unable to make the payment prior to the organization's deadline. This will result in the applicant paying upfront and MCFN will then reimburse the applicant.
- 5.2 Reimbursement to the applicant will be provided so long as MCFN has received proof of payment from the applicant such as a receipt. Please note that prepaying may not guarantee approval, prepaying could be at your own risk.

# 6.0 **Funding Limit**

Funding limit per year is \$ 1500.00 per individual. Anything over and above will be deemed an exceptional request.

# 7.0 **Exceptional and Special Events Requests**

In the event of an exceptional request including special events, travel, and accommodations, the request will be brought to Chief and Council for consideration and is subject to available funds. Exceptional and special events are not in association with the \$1500.00 limit.

## 8.0 **Revisions & Review of Policy**

Missanabie Cree First Nation will maintain and revise this Policy within twelve (12) months of approval to ensure up to date information available for the sole use of this policy. Missanabie Cree First Nation expressly reserves the right to change, modify or delete portions of this Policy at anytime. Changes to this policy will be made public to the membership.

# Missanabie Cree First Nation Recreation/ Activity / Sponsorship Request Form

| SECTION 1: Applicant Details  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| (Please note, the applicant is the person who will be enrolled in the activity)   |  |  |  |  |  |  |  |
| First Name  |  |  |  |  |  |  |  |
| Last Name   |  |  |  |  |  |  |  |
| Date of Birth   |  |  |  |  |  |  |  |
| Band Number (please provide the applicants registered number with Missanabie Cree First Nation or the band they are registered under, if the applicant does not have a band number, please provide the parents #, if the parent does not have a band # please state the reason why) |  |  |  |  |  |  |  |
| Band Name   |  |  |  |  |  |  |  |
| Parent(s) / Guardian Name(s)  (if applying for a child)   |  |  |  |  |  |  |  |

| Applicant Address & Contact Information |   |  |   |  |  |  |
|---|---|--|---|--|--|--|
| Street Address                          |   |  |   |  |  |  |
| City / Town                             |   |  |   |  |  |  |
| Postal Code / Zip Code                  |   |  |   |  |  |  |
| Province / State                        |   |  |   |  |  |  |
| Country                                 | , |  |   |  |  |  |
| Phone Number                            |   |  |   |  |  |  |
| Email                                   |   |  | = |  |  |  |

| SECTION 2: Parent or Guardian Address & Contact Information (if applicable) |                |  |     |      |   |  |  |  |
|---|----------------|--|-----|------|---|--|--|--|
| The applicant's address is the same and the guardian / parent               |                |  |     |      | Yes / No (if yes, then skip to section 3) |  |  |  |
| Street Address  | Street Address |  |     |      |   |  |  |  |
| City / Town   |                |  |     |      |   |  |  |  |
| Postal Code / Zip   | Code           |  |     |      |   |  |  |  |
| Province / State  |                |  | Cou | ntry |   |  |  |  |
| Phone Number  |                |  |     |      |   |  |  |  |
| Email   |                |  |     |      |   |  |  |  |

| SECTION 3: Activity / Recreation / Sponsorship Details |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| Name of Activity / Recreation                          |  |  |  |  |  |  |
| Description of Activity / Recreation                   |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Name of Organization                                   |  |  |  |  |  |  |
| Address of Organization                                |  |  |  |  |  |  |
| Contact Person   |  |  |  |  |  |  |
| Contact Phone #  |  |  |  |  |  |  |
| Email of Organization                                  |  |  |  |  |  |  |
| Date(s) of Activity                                    |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Duration of Activity (eg. January to March 2023)       |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

|  |          | SECTION 4: | <b>Proposed Costs</b> | & Finan | icing |       |          |  |  |
|--|----------|------------|-----------------------|---------|-------|-------|----------|--|--|
| Costs (please attach quote, print out of activity costs, or bill and attach to this application)   |          |            |                       |         |       |       |          |  |  |
|  |          |            |                       |         |       |       |          |  |  |
| Have you received funding assistance from other sources?  (Please Check One)  Yes No   |          |            |                       |         |       |       |          |  |  |
| If Yes, please provide date and amount received  |          |            |                       |         |       |       |          |  |  |
| Name of organization funds received from   |          |            |                       |         |       |       |          |  |  |
| Please Note: Funding may be provided upon approval for up to \$1500.00 CAD per Individual, per funding year and is subject to change. For Sponsorship, please fill out this form and staff will forward the request to Chief and Council for consideration. If your activity or recreation exceeds the \$1500.00 CAD amount allotted, your request will be submitted to Chief and Council for consideration. |          |            |                       |         |       |       |          |  |  |
|  |          |            |                       |         |       |       |          |  |  |
| SECTION 5: Liability and Consent   |          |            |                       |         |       |       |          |  |  |
| The information in this application is true to the best of my knowledge  Yes / No  |          |            |                       |         |       |       |          |  |  |
| I give Missanabie Cree First Nation permission to contact the First Nation my child is registered to for information regarding services accessed in relation to activities and recreation. (please note that marking no could result in delays in funding)   |          |            |                       |         |       |       | Yes / No |  |  |
| I understand and agree that while Missanabie Cree First Nation is providing funding for recreations and activities, I will not hold Missanabie Cree First Nation responsible, nor will I take legal action under any circumstance (i.e., injury etc.).   |          |            |                       |         |       |       |          |  |  |
| Name   |          |            |                       |         |       |       |          |  |  |
| Signature  |          |            |                       | Date    |       |       |          |  |  |
|  |          |            |                       |         |       |       |          |  |  |
|  |          | FOR O      | FFICE PURPOSES        | ONLY    |       |       |          |  |  |
| Approved   | Yes / No | Amount     |                       |         |       | Signa | ature    |  |  |