



***Handbook and Guidelines for  
Funding Applications  
to the  
Peguis First Nation Trust***

***Revision Date:  
JULY 24, 2012***

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## **Peguis First Nation Community Fund Trust Handbook**

### **Section 1: Introductory Comments Peguis Community Fund Trustees**

The purpose of this handbook is:

- ❖ To inform you about the Trust and the application process;
- ❖ To let you know how your proposal will be reviewed and evaluated; and
- ❖ To provide you the application form.

Our objective is to manage the Trust with the intent of generating reasonable capital growth and income which can be used towards the needs of the Peguis First Nation Community.

We have adopted some core values by which to operate. These values are as follows:

1. Transparency – We want our work to be open and easily understood by anyone who wishes to find out how we operate.
2. Accountability – The Trustees are accountable to the Community and its members and we will work in the best interests of the Community and its members.
3. Principles or Respect and Fairness – We want those who deal with us to feel fairly treated
4. Getting Results – We want to manage and administer the Trust to improve the quality of life for our membership both on and off-reserve.
5. Long-term Focus – The Trust is to provide present and long-lasting benefit for the Peguis First Nation community for many generations.
6. Independence – By growing The Trust, the Peguis First Nation Community will have an independent source of income from the invested capital.

## Section 1.1 – Authorized Uses

Consideration will be given to projects and programs that advance the interests and quality of life of Peguis and its members. While no specific restrictions will be applied to funding between on-off reserve member applications or allocations between different authorized uses (as below), the Community Fund Trustees will give fair and equitable consideration to all applications based on their individual merits as presented.

Projects should sustain and improve community infrastructure and/or address the community's social, economical and physical needs (and per the authorized uses of the Trust) in areas such as:

1. Provision of supplementary or enhanced health care related services
2. Enhance or promote educational opportunities
3. Support assistance to address the special needs of Peguis elders
4. Community development and improvement initiatives including infrastructure, equipment or enhancement of recreation facilities
5. Preservation of the language and cultural heritage
6. Treaty Days, pow-wow and community gatherings
7. Acquire, establish, or build a credit union or a bank or a trust company to be owned by Peguis, also known as the Peguis band.
8. Housing
9. Promote or establish business or commercial operations beneficial to the members
10. Any other activity beneficial to the Peguis Community members

## Section 1.2 – Approval Authorities and Important Dates

All funding advances will be in the form of grants with all applications reviewed and discussed by the Community Fund Trustees or a review committee thereof. The following approval authorities will be observed (as outlined in the Trust agreement):

- Applications for funding **up to \$50,000** may be approved by the Community Fund Trustees
- Applications for funding **over \$50,000 and up to \$150,000** must also be reviewed and approved by Chief and Council
- Applications for funding **over \$150,000** must be reviewed and approved by both Chief and Council and by the Members at a meeting of Members.

**Disclosure:** The applicants associated with any approved funding applications agree and permit the Community Fund Trustees to disclose and share with the Peguis First Nation Community membership the nature of any projects approved; the amounts approved; and the principal applicants involved in any approved funding directions.

Once the necessary approvals above have been received, applications will be submitted to the Financial Trustees who will ensure all provisions have been met and then funds are released in accordance with the general funding policies unless otherwise required.

It is the obligation of the Community Fund Trustees to be prudent in the level of annual funding that is provided to ensure the financial well-being and stability of the trust fund for years to come. It is with this in mind, that the level of distributions will be reviewed annually to ensure they are in line with the income generated and with consideration to an allotment being retained within the trust for inflation and payment of trust expenses.

Notwithstanding, it is the expectation of the Trustees that annual distributions based on a 4 year rolling investment return relative to the Community Fund will be in the range 4% per annum net of inflation and expenses.

### Important Dates Relating to the Funding Application Process:

- Applications for funding can be made up to December 31<sup>st</sup> annually.
- The Community Fund Trustees will review all qualified applications by February 28th annually.
- Any applications that must be reviewed by Chief and Council and the Members will be reviewed at a meeting of Members called by no later than April 15<sup>th</sup> annually.
- Allocation of funding amounts to successful applicants will commence starting by April 30<sup>th</sup> each year to December 31 of the same year unless written extension request with valid reason is submitted.

**Please Note:** Under exceptional circumstances, the Community Fund Trustees reserve the right at any time to consider and approve special applications which the Community Fund Trustees feel will provide a significant benefit to Peguis and where there is an urgency to fund such an application versus leaving to a later date.

**If you need more help or information, please contact:**

Peguis Community Fund Trust  
P.O. Box 749  
Peguis First Nation  
Manitoba R0C 3J0  
Attention: Trust Administrator  
Phone Number: 204-645-3943  
Fax: 204-645-2841

**Please read this booklet carefully before beginning to fill out the Application Form.**

## **Section 2: Our Statement of Vision, Mission and Values**

As financial caretakers of the Peguis First Nation Trust, the Trustees are responsible for managing the safety, income and growth of trust assets for the use of current and future generations of the Peguis Community... to promote harmony; nurture pride in our heritage and establish a legacy for all....

Our goal is to help create, reinforce and sustain conditions for the improved quality of life for our Community members both on and off-reserve. We emphasize approaches that address the needs of our Community.

By making strategic investments of the resources entrusted to us, we can support the social and economic development of our Community.

### **What we cannot fund**

- ❖ It is not intended that the Community Fund will be the sole source of funding for services, programs or projects where other funding may be available or whereby other funding has already been provided by another Government or Community program. However, further consideration may be given to supplement or jointly-fund certain opportunities where deemed beneficial by Community Fund Trustees.

### **Eligible applicants**

Those who may apply for funding are:

- ❖ Band members as registered on the Band list
- ❖ Representative of a recognized Peguis organization or corporation. Applications on behalf of an organization or company must be supported by a letter from the director, assistant director or senior manager of the organization or company.
- ❖ Peguis First Nation, as represented by Chief and Council.

### **Section 3: What We Look For in a Proposal**

We want the funded projects to benefit our Community. We do not want to dictate what that means as we are open to new and innovative ways to approach this. But to give you some guidance, we list the following:

- (a). The Trustees believe in:
  - 1. Investing in strengths, i.e., adding to or building on existing infrastructure or partnering with projects for mutual benefit and leverage.
  - 2. Preserving a significant portion of the money for future generations.
  - 3. Supporting and investing in those who show an ability to manage and monitor their projects effectively.
- (b). These are some principles of project success that we will follow:
  - 1. Projects with up-front and long-term strategic planning.
  - 2. Projects which demonstrate careful selection of those who will work in and support the project.
  - 3. Projects that are Community oriented and goal focused on people and participation.
  - 4. Clear, modest and manageable objectives within the affordability of the Community Fund Trust.

#### **Section 3.1: Strengths and Opportunities**

The proposal should build upon existing strengths already present in the Community. Examples of strengths of our Community are:

- ❖ The traditions and customs we have maintained;
- ❖ Diversity;
- ❖ Size and location of our Community;
- ❖ Solid history and sense of who we are and our rights;
- ❖ Sense of responsibility to the seventh generation;



- ❖ Pool of dynamic, educated members.

### **Section 3.2: Mandatory Criteria**

1. Proposals must meet one or more of the eligible uses of the Trust as outlined in Part B, question 9, page 15, of the application.
2. Applications must include the following:
  - ❖ a full description of the proposed project activities;
  - ❖ ability to demonstrate that the intended project or program can be ably managed and administered
  - ❖ the goals and objectives of the project with established timelines;
  - ❖ a business plan including a budget statement indicating expenses and anticipated sources of revenue that are considered realistic and which meet the needs of the project;
  - ❖ an evaluation plan with success measures;
  - ❖ supporting documents, such as:
    - Letters of recommendation or support;
    - details concerning partnerships with other service providers.
    - certain proposals may require a character reference where deemed beneficial to the application
3. The Trustees **may** require an applicant to present their proposal in a public forum for all members of the community to have an opportunity to hear, understand and ask questions.
4. Those Applicants seeking further funding will require evidence of successful completion of previously funded projects or successfully completed steps in their projects.
5. List and attach the policies that will govern the program or project.
6. Only completed application forms will be considered for funding. To be considered complete, the application must be signed; all questions must be answered and all required documentation must be attached,

7. Subsequent applications for funding will only be considered once the required written reports containing both narrative and financial information have been received by the Community Fund Trustees.

### **Section 3.3: Peguis Community Fund Trust Criteria**

#### **(a) Social Benefit Defined**

Proposals should strive to attain a social or economic benefit for the Community such as:

- ❖ Need for creating or improving infrastructure.  
i.e., help to create or improve Community infrastructure – buildings, parks, facilities
- ❖ Training and education  
i.e., culture, language, history, customs, traditions, stories
- ❖ Improved health and well-being (emotional, physical, intellectual, spiritual).
- ❖ Benefits from improving awareness of culture, traditions, identity.
- ❖ Networking – building relationships within the Community and outside the Community.
- ❖ Contribution to long lasting Community betterment.

#### **(b) Economic Benefit Defined**

- ❖ Increase of income to Community.
- ❖ Generation of more jobs.
- ❖ Occupational training and development.
- ❖ Building economic development infrastructure.
- ❖ Opportunity for creating greater economic independence e.g., on-going profit centers.

## Section 4: Application Flow Chart

1. Application completed and submitted by deadline

2. Acknowledgement of receipt of application and Preliminary Review Committee

3. Application Meets Criteria

4. Yes

4. No

4(a) Decline Letter

4(b) Meet to discuss changes to proposal

4b(i)  
Successful Outcome  
Go to 5.

4b(ii)  
Unsuccessful Outcome =  
Decline letter

5. Business Plan to be submitted for business applications

6. Application and Proposal Review

7(a) Trustees provide conditional approval of application and notification sent

7(b)  
Decline Letter

8. Discussion of concerns with applicant

9. Establish terms and conditions for Funding

10. Payment Agreement agreed to and signed

11. First payment or for smaller funding payment of all funding

12. Trustees monitor and evaluate the use of Trust Funds by applicant before further payments as agreed to by the applicant in the application

### **Section 4.1: Proposal Assessment Process**

- A. Once the proposal reaches our Trust office; you will receive a letter of acknowledgement saying that we have received your proposal.
- B. The Trustees will check your proposal carefully to ensure it meets the mandatory criteria on page 9 before proceeding
- C. If the proposal does not pass our review it will be returned to you so you can provide missing material or revise it. You may decide to submit it again. We will provide you an explanation on what further information is required to be considered for further review.

All proposals that pass “Step B” will then be reviewed by the Community Fund Trustees or a sub-committee of the Community Fund Trustees according to the following criteria:

1. Specific: The application clearly states the features and benefits relating to one or more authorized uses of the Trust.
2. Measurable: Is the success of this project or program clearly measurable?
3. Attainable: Does the application represent a realistic or attainable project based on the use of funds?
4. Immediacy and length of benefit
5. How many members will this program or project benefit?

### **Section 4.2: Obligations and Monitoring of Funded Projects**

As part of the terms and conditions, you must develop a mission statement and Code of Ethics for project staff, get appropriate insurance where applicable or necessary, report any changes in personnel, submit quarterly activity and financial reports, and submit a complete evaluation report when the project ends.

Under the discretion of the community fund trustee, all business applications or recurring funding requests may require a police check, credit bureau, drug test and personal character reference for all individuals identified on the application.

#### **Project Monitoring and Evaluation**

It is felt that both the project and the Trust will benefit when project monitoring and evaluation are in place. As a funding body, the Peguis Community Fund

Trust is accountable to the Community and to Peguis First Nation Chief and Council. The Trust therefore monitors and evaluates the progress of funded projects on an ongoing basis. Each project funded by the Trust must monitor and evaluate itself using the criteria we've established as a guideline.

**Section 5: The Application Form**

**Part A - Information About You**

*Please note, if you require more space, please attach the added comments or support material to the end of the application form.*

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Town Province/Territory Postal Code

\_\_\_\_\_  
Telephone Fax

\_\_\_\_\_  
E-mail Website

\_\_\_\_\_  
Primary Contact Person Position

**Part B – Information about your project**

1.a) Title and description of Project: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1.b) Is project non-profit?

Yes  No

2. What does the funding application support? (Check one):

Project \_\_\_\_\_ (one time funding)

Program \_\_\_\_\_ (ongoing funding)

3. How long will your project or program last?

a) Months: \_\_\_\_\_ Weeks: \_\_\_\_\_ or On-going: \_\_\_\_\_

b) Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

4. What are the goals and objectives of the project (per Appendix C)? How do these fit in with Peguis's long-term priorities?

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

5. Where will the project or program take place? \_\_\_\_\_

6. Who will your project serve (check one and complete all that are applicable)?

Community on Reserve

Community off Reserve

Other (e.g. Elders, Youth, Children, etc)? \_\_\_\_\_  
(please specify)

7. Describe the activities and methods you will use to achieve your project goal and objectives.

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8. How will your project continue to operate after the funding from the Trust runs out?

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9. From the Trust, which item does your request fall under? (Check one or more)

- Provision of supplementary or enhanced health care related services
- Enhance or promote educational opportunities
- Support assistance to address the special needs of Peguis elders
- Community development and improvement initiatives including infrastructure, equipment or enhancement of recreation facilities
- Preservation of the language and cultural heritage
- Treaty Days, Pow-wow and Community Gatherings
- Acquire, establish or build a credit union or Trust Company
- Housing
- Promote or establish business or commercial operations beneficial to the members
- Any other activity beneficial to the Peguis Community members

10. From the Trust criteria, which criteria does your request fall under?  
(check all that apply)

- Social
- Economic
- Infrastructure
- Community Health
- Culture and Identity
- Community Training and Education
- Community Betterment
- Economic Independence
- Increased Community Income
- Generation of More Jobs
- Additional Occupational Training and Development
- Other \_\_\_\_\_

11. What research and/or studies have been completed to determine the need(s) identified (e.g. needs analysis, feasibility study)?

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12. What is the benefit to the Community that this proposal will provide?

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13. Roughly how many people will benefit from this project/program? \_\_\_\_\_

14. About how many positions will be created by this project/program? \_\_\_\_\_

a) Term of employment: Months: \_\_\_\_\_

b) Average Weekly Wage: \$\_\_\_\_\_

c) How many full-time jobs will be created after completion of the project/program? \_\_\_\_\_

15. Provide a list of all known suppliers and contractors to be used during the project/program.

Name of Supplier or Contractor: \_\_\_\_\_

Organization or Company: \_\_\_\_\_

Name of Supplier or Contractor: \_\_\_\_\_

Organization or Company: \_\_\_\_\_

Name of Supplier or Contractor: \_\_\_\_\_

Organization or Company: \_\_\_\_\_

Name of Supplier or Contractor: \_\_\_\_\_



Organization or Company: \_\_\_\_\_

**Financial Requirements**

16. How much money are you requesting (\$)? \_\_\_\_\_

17. Is the funding available from any other source?

- No
- Yes, if so name source \_\_\_\_\_

18. Have you approached any other funding agency prior to approaching the Peguis First Nation Trust?

- No
- Yes, if so please give details \_\_\_\_\_

19. (a) Is the request for funding from The Trust to be utilized with any other funding source(s)?

- No
- Yes - If so, please complete Appendix A (page 21)

(b) How much money are you putting in of your own?

What % is the breakdown? \_\_\_\_\_

20. Does this application include a funding direction for costs associated with operations and maintenance?  Yes  No

⇒ **If yes**, please complete the Operation & Maintenance Worksheet Appendix B (page 24)

Does this application include funding for capital construction?  Yes  No

**If yes**, please provide a copy of all architectural drawings & plans pertaining to your project (i.e. housing plans, sewer & water designs, etc). These drawings & plans must accompany this application to be considered a completed submission.

**Part C - Monitoring and Evaluation**

The management team of each project funded by the Trust must monitor and evaluate its project on a regular basis. Please describe, in detail, how you will monitor and evaluate the progress and outcome of your project. Also, please identify the anticipated frequency of such updates.

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**Part D - Project Team**

List the name of each project team member; describe their position, roles and responsibilities. If the project team will need to be hired, attach job descriptions and statements of qualification. Indicate if the member is a Signing Authority.

| Team Member | Position on Team | Roles & Responsibilities | Signing Authority? Yes/No | Enclose Character Profile (+Experience) |
|-------------|------------------|--------------------------|---------------------------|---|
|             |                  |                          |                           |   |
|             |                  |                          |                           |   |
|             |                  |                          |                           |   |
|             |                  |                          |                           |   |
|             |                  |                          |                           |   |
|             |                  |                          |                           |   |

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

**Part E - Program or Project Budget**

Please refer to Appendix A (page 21) to complete the following table:

| <b>BUDGET</b>   | <b>1<sup>st</sup> Quarter<br/>Jan to Mar</b> | <b>2<sup>nd</sup> Quarter<br/>April to June</b> | <b>3<sup>rd</sup> Quarter<br/>July to Sept</b> | <b>4<sup>th</sup> Quarter<br/>Oct to Dec</b> |
|-----------------|--|---|--|--|
| <b>Revenue</b>  |  |   |  |  |
| <b>Expenses</b> |  |   |  |  |

**Part F - Program or Project Plans, Evaluations & Policies**

Are you requesting first time funding for this project/program? [ ] Yes [ ] No

⇒ **If yes**, please confirm the following:

I have attached my project/program’s plan [ ] Yes [ ] No

I have attached copies of my project/program’s policies that outline procedures governing all aspects of implementation. [ ] Yes [ ] No

Are you requesting renewal funding for this project/program? [ ] Yes [ ] No

⇒ **If yes**, please confirm the following:

I have attached my existing program/project’s plan. [ ] Yes [ ] No

I have attached copies of my program or project’s policies that outline procedures that govern all aspects the implementation. [ ] Yes [ ] No

I have attached the most recent program or project Evaluations related to the program. [ ] Yes [ ] No

Have you previously received funding from the Community Trust Fund? Account for other programs or projects? [ ] Yes [ ] No

⇒ **If yes**, please confirm the following:

I have attached the completed final or interim report and evaluation.

[ ] Yes [ ] No

**Disclosure**

I certify the information contained in this application is true to the best of my knowledge and agree to allow the Community Fund Trustees to verify the information in this application. I understand that any payment made to me/us that creates a taxable situation will be my/our responsibility and I/we do not hold the Community Fund Trust responsible.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

Position: \_\_\_\_\_

I have attached a letter of support from my senior manager. [ ] Yes [ ] No

**APPLICATION CHECKLIST**

Please review the application to ensure you have completed it correctly.

- Answered all questions
- Financial Certification (See Section 4)
- Architectural Plan, Drawings etc (See Section 4)
- Completed Appendix A (page 21) – Budget Worksheets (Co-Funding, Revenue, Expenses)
- Completed Appendix B (page 24)– Operations & Maintenance Worksheet
- Completed Appendix C (page 25)– Proposed Program or Project Work Plan report
- Completed Appendix C (page 25) - : Project or program policies that outline procedures governing all aspects of this implementation
- Completed Appendix C (page 25)– Evaluations and reports related to past or ongoing projects or programs
- Letter of support from your manager

Please remember to sign and date the Application Form and ensure the Community Fund Account Trustees receive it before the deadline.

**Appendix A: Budget Worksheet**

**Co-Funding For This Program or Project**

Co-funding will enhance your chances of getting funding from the Trust. Please describe how you will work with other groups, organizations or communities in achieving the objectives of your program or project.

| Organization Name     | Type of Support |         | Value of Contribution | Purpose of Contribution | Contribution start date | Contribution End Date |
|-----------------------|-----------------|---------|-----------------------|-------------------------|-------------------------|-----------------------|
|                       | Funds           | In-Kind |                       |                         |                         |                       |
|                       |                 |         | \$                    |                         |                         |                       |
|                       |                 |         | \$                    |                         |                         |                       |
| <b>** Total Value</b> |                 |         | \$                    |                         |                         |                       |

*Specify the purpose of the monetary contribution (for example: equipment lease or purchase or in-kind contribution such as free office space).*

*\*\* Total Value of Co-funding to be inserted into Budget Revenue Worksheet*

| <b>BUDGET REVENUE WORKSHEET</b>         |                         |                         |                         |                         |
|---|-------------------------|-------------------------|-------------------------|-------------------------|
|   | 1 <sup>st</sup> Quarter | 2 <sup>nd</sup> Quarter | 3 <sup>rd</sup> Quarter | 4 <sup>th</sup> Quarter |
| Trust Funds Applied for                 |                         |                         |                         |                         |
| Other Revenue from Co-funding Worksheet |                         |                         |                         |                         |
| * Other Revenue                         |                         |                         |                         |                         |
| <b>** Total Revenue</b>                 | \$                      | \$                      | \$                      | \$                      |

*\* Please specify the source of Other Revenue. **Please transfer worksheet totals to Program and Project Budget in Part E (page 19)***

**EXPENSES**

*Please refer to Explanation of Expense Items on the following page to assist you in the completion of the Expense Worksheet.*

| <b>BUDGET EXPENSE WORKSHEET</b>                 |                               |                               |                               |                               |
|---|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <b>Estimated Expenses</b>                       | <b>1<sup>st</sup> Quarter</b> | <b>2<sup>nd</sup> Quarter</b> | <b>3<sup>rd</sup> Quarter</b> | <b>4<sup>th</sup> Quarter</b> |
| <b>Salaries</b>                                 |                               |                               |                               |                               |
| <b>Benefits</b>                                 |                               |                               |                               |                               |
| <b>Travel</b>                                   |                               |                               |                               |                               |
| <b>Human Resources &amp; Consultant Fees</b>    |                               |                               |                               |                               |
| <b>Honoraria</b>                                |                               |                               |                               |                               |
| <b>Training &amp; Professional Development</b>  |                               |                               |                               |                               |
| <b>Meeting Room &amp; Office Rental</b>         |                               |                               |                               |                               |
| <b>Administrative Costs</b>                     |                               |                               |                               |                               |
| <b>Audit &amp; Evaluation</b>                   |                               |                               |                               |                               |
|   |                               |                               |                               |                               |
| <b>Program Supplies &amp; Resource Material</b> |                               |                               |                               |                               |
| <b>Equipment Rental</b>                         |                               |                               |                               |                               |
| <b>Transportation Costs</b>                     |                               |                               |                               |                               |
| <b>Production Costs</b>                         |                               |                               |                               |                               |
| <b>Distribution Costs</b>                       |                               |                               |                               |                               |
| <b>Other Costs</b>                              |                               |                               |                               |                               |
| <b>* Total Expenses</b>                         | <b>\$</b>                     | <b>\$</b>                     | <b>\$</b>                     | <b>\$</b>                     |

*\* Transfer above totals to the Table in Part E (page 19).*

## Explanation of Expense Items

**Salaries & Benefits:** Provide a list of employees' positions and whether the job is full-time or part-time. If it is part-time, please show the approximate number of hours the employee will work per week. This category is for employees and doesn't apply to consultants and contractors.

**Benefits:** This applies to the costs of the employer's contribution, both statutory and benefit plans as prescribed by the federal and provincial governments and/or employer. The percentage of benefits applied against gross salaries may include the employers' costs in relation to Canada pension Plan. Employment Insurance and mandatory holiday pay in lieu of leave (especially for part-time or casual employment positions), severance pay, termination benefits and other benefits by the employer such as RRSP's and life insurance.

**Travel:** This applies to all work-related travel by employees.

**Human Resources and Consultant Fees:** Provide a list of contract positions and whether the work is full-time or part-time. If part-time, show the approximate number of hours per week

**Honoraria:** This is a gift of money to thank Elders, helpers, speakers or others who are not consultants.

**Training and Professional Development:** Please list the type of training and indicate who will benefit.

**Meeting Room and Office Rental:** This refers to rent and utilities.

**Administrative Costs:** This includes bookkeeping fees, postage, stationary, clerical expenses, such as faxes, phone calls, photocopies, etc.

**Audit and Evaluation:** This includes the costs associated with the production of audit and evaluation materials.

**Program Supplies and Resource Material:** This includes such items as flip charts, visual aids, books, etc.

**Equipment Rental:** This includes phones, faxes, photocopiers, computers, printers, etc.

**Transportation Costs:** This includes the costs of participants travel.

**Production Costs:** If the funding is to be used to produce materials, specify what you will be producing, such as a pamphlet, brochure, etc.

**Distribution Costs:** Specify who you will distribute the materials to and how you intend to distribute them.

**Other Costs:** This could include other costs such as child care, insurance, advertising, etc.

## Appendix B: Operations and Maintenance

Will there be additional funding for Operations & Maintenance other than from the Trust?  Yes  No

What are the sources? Please provide as much detail as possible and complete Appendix A, - Co-Funding Worksheet (page 21).

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Has an application for additional O & M funding been made to other funding sources?  Yes  No

⇒ **If yes**, has the application been approved?  Yes  No

⇒ **If yes**, please provide the commitment letter(s) from the funding sources.

Has O&M been provided from the Trust previously, for this project?  Yes  No

⇒ **If yes**, how much was provided each year? Year \_\_\_\_\_ Amount \$ \_\_\_\_\_  
Year \_\_\_\_\_ Amount \$ \_\_\_\_\_

How long will Operations and Maintenance funding be required from the Trust?

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## Appendix C: Program or Project Plans, Evaluations & Policies

### GUIDELINES:

#### TO HELP YOU PREPARE A PLAN FOR YOUR PROGRAM OR PROJECT

Your plan should be able to answer the following questions:

- **What is the title of your project?** Your title should be descriptive of your project.
- **What is the overall goal of the initiative?** This is the purpose and aim of the project and should fit in with the overall vision of the organization making the application.
- **What are the objectives?** These are the steps the initiative takes towards the goal. There will probably be more than one objective.
- **What is the strategy?** Each objective has a strategy to achieve it. Describe the methods and activities being carried out to achieve each of the objectives.
- **What effect will your program or project have on the Peguis Community?:** Tell us for each objective, what outcomes or benefits will be expected as a result. This could include such things as estimate of how many people will take part or benefit directly from the activity. How will the program help meet Peguis' long-term priorities?
- **What is the duration or time frame of the program or project?** If it is a project, specify how long it will take to complete. If it is a program, specify its duration (which may be ongoing).
- **How much will it cost?** After you have completed your budget and other supporting materials, please specify how much the overall project or program will cost and include it in your plan.
- **Who will manage the project?** Give the name and qualifications of the person who will be managing the project to demonstrate they have the necessary background to meet the objectives.

*If you have any questions regarding the development of your plan, please contact the Trust office at 204-645-3943.*

You can use this table to organize your operational Work Plan.

| Title of the Project                  |                                  |                                    |                               |            |                         |
|---------------------------------------|----------------------------------|------------------------------------|-------------------------------|------------|-------------------------|
| <b>Goals:</b><br>1.<br>2.<br>3.<br>4. |                                  |                                    |                               |            |                         |
| Objectives<br>(bullet points)         | Strategies<br>(briefly describe) | Deliverables<br>(briefly describe) | Timeframe<br>(state how long) | Cost in \$ | Manager<br>Name & Title |
|                                       |                                  |                                    |                               |            |                         |

## Evaluation Will Be Required

You will be required to provide written quarterly reports, should your application succeed. Your plan will need to include information about how you plan to evaluate and report your progress (per Part C).

Your quarterly report should answer the following questions:

- Are you on track with your project plan? If not, why not and what can you do to stay on schedule?
- Did you do what you said you would do in your proposal?
- What have you learned about what worked and what didn't work in this program or project?
- What impact has this project had in addressing the needs of the community?
- What could you do differently to improve outcomes?