

Financial Requests Policy

Purpose

The purpose of this policy is to set out guidelines for the approval of NFN member special requests for Financial Assistance.

1. Eligibility Criteria:

- a) Applicant must be a registered NFN member.
- b) Expenses are not covered by any other source of funding.

2. Process:

Requests for assistance must be in writing and include a completed application along with a breakdown of funding being requested and submitted to:

Chief & Council
Nipissing First Nation
36 Semo Road
Garden Village, ON P2B 3K2

Within 30 days applications will be placed on the Council agenda for consideration. If approved, payment will be issued to the applicant with any a letter outlining any stipulations and or conditions.

3. Eligible Expenses:

- a) Travel to represent NFN by participating in a sporting event and/or attending as chaperone on behalf of NFN.
- b) Travel to attend conference/workshop or gathering that would benefit NFN.

Applications for attendance at conferences / workshops or gathering will require a written report to be submitted to Council following the conference. 75% of funding will be paid up front and 25% will be paid once the conference report has been received and receipts submitted. Failure to submit the required documentation will deem the applicant ineligible for future contributions under this policy.

Maximum Coverage:

Applicants may only apply once per fiscal year and are eligible up to a maximum of five hundred (\$500.00) per calendar year.

Approved by Council this 9th day of October, 2019



A-Ki, Bemaadzjik, E-Niigaanwang
The Land, The People, The Future

Special Requests Policy Application

Date of Application: _____

Name of Applicant: _____ Date of Birth: _____

Mailing Address: _____

Phone Number: _____ Registry No. _____

Describe the nature of the request:

Breakdown of Expenses:

Expense
(ie: registration)

Amount
(ie: cost of registration)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total Request

\$ _____

Please list any volunteer community work and/or how you feel you contribute to Nipissing First Nation.

How will your request benefit Nipissing First Nation:

Signature: _____

Print Name: _____

Date: _____