



Community Enhancement Request Form

Name of Band Member Requesting Community Support: _____
Status Number: _____
Date of Birth: _____
Phone Number: _____ Email: _____
Mailing Address: _____ City: _____
Province: _____ Postal Code: _____

Or

Name of Requesting Charity or Organization: _____
Contact Name: _____ Contact Phone#: _____
Contact Email: _____
Contact Address: _____
City: _____ Province: _____ Postal Code: _____

Is this donation request in association with a particular event? Y _____ N _____

If so, when is the event? _____

Please provide us with the name of the event and a brief description or attach event information:

Please note: *In keeping with our values, we do not support events where alcohol is served.*

Donation Request: Monetary Use of Facility & Equipment Sponsorship

When is the donation required? _____

How will this donation be used and what are the benefits to the recipients? _____

Has Saulteau First Nations contributed to the requesting charity/organization in the past?

Y _____ N _____

If yes, what and when? _____



Please provide us with any additional comments, directions, or details we may need to know:

The undersigned hereby certifies that a) the information in this application and supported documents are correct to the best of his/her knowledge; and b) funds will be used for the events, use, projects outlined in the application.

 Applicant Signature Date

Please Provide Receipts

Date Received by SFN Representative: _____ Initial: _____

Decision by Chief and Council

Date Received by Chief and Council _____

Band Council Resolution:

 Date Signature

INTERNAL USE ONLY

Date Application Was Received:	Approved By:
Processed By:	Receipts Attached?: YES NO