



# 2019 Ktunaxa Citizens' Excellence

## APPLICATION FORM

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Please refer to the application guidelines prior to completing. Incomplete applications will not be accepted. Applications must be submitted on this Ktunaxa Citizens' Excellence form. Reproductions or duplication will not be accepted.

Applicant name:

*(Name of group or individual)*

First Nation:

Applicant age(s):

*(Team or individual)*

Parent's / Legal Guardian's Name: *(if applicant is under 19 years of age, a parent or legal guardian must sign to confirm permission of application)*

Name:

Signature:

Contact person:

Mailing Address:

Home Phone:

Work Phone:

Cell Phone:

Fax:

Email:

Name of Payee, as it appears on bank account

Payee's Mailing Address

## PROJECT INFORMATION:

Title /name:

Location:

*Specific location of project/activity)*

Start Date:

Completion date:



**BUDGET - \*MUST BE COMPLETED\***

(Please provide quotes or estimates, do not submit invoices or receipts until requested)

**PROJECT COSTS**

Please list ALL costs required to complete your project/event

**AMOUNT**

_____	\$ _____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**TOTAL COSTS**

\$ \_\_\_\_\_

**OTHER PROJECT FUNDING**

Please list ALL other funding sources, confirmed or anticipated, for your project/event

**AMOUNT**

_____	\$ _____
<i>(Fundraising)</i>	\$ _____
<i>(Personal/Donation)</i>	\$ _____
<i>(Grants, Chief &amp; Council, other, etc.)</i>	_____
	\$ _____

**Total Other Project Funding**

**Balance of funding required**

*(Total costs less total other project funding)*

\$ \_\_\_\_\_

**Amount being requested from the Ktunaxa Citizens'**

**Excellence Program (Maximum \$5,000)**

\$ \_\_\_\_\_

**DECLARATION**

- If this application is approved, I/we agree to file a benefit report regarding the impact of what was delivered
- I/We confirm that the information contained in this application and the accompanying documents is true, accurate and complete
- I/We agree that any photos taken or submitted in regards to this application can be used for the purposes of the Ktunaxa Nation Council and the Ktunaxa Citizens' Excellence Program
- I/We agree to acknowledge the Program and to promote the Program to our citizens to encourage future application

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**Signature of Applicant**

**This application form must be submitted by person, mail or courier to the Ktunaxa Citizens' Excellence Program at the following address. (Faxed or e-mailed applications are NOT accepted)**

**Mailing Address:****Ktunaxa Citizens' Excellence Program****Atten: Chief Administrative Officer (CAO)****7825 Mission Road****Cranbrook BC V1C 7E5****Telephone: 250-489-2464 Toll free: 1-888-480-2464****Fax: 250-489-2438**