



## PROJECT GUIDELINES AND APPLICATION FORM

### PROJECT GUIDELINES

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### About The Dreamcatcher Charitable Foundation

The Dreamcatcher Charitable Foundation will lead the way to enhance First Nations communities and people through contributions that will be of benefit socially, culturally, healthfully, and economically in a holistic manner. The Dreamcatcher Charitable Foundation is independent and governed by a Board of Directors. The Foundation will contribute to eligible applicants in the areas of:

- **Sports and Recreation**
- **Educational Support**
- **Health**
- **Arts and Culture**

A detailed description of each Funding Sector is provided at the end of these Guidelines, followed by an Application Form. The Dreamcatcher Charitable Foundation was created by Grand River Enterprises in partnership with First Nation retailers. Grand River Enterprises is a private sector business located on the Six Nations of the Grand River.

### ELIGIBILITY

#### Who we will fund:

- Status members only
- Must be a non-profit
- Individual band members
- Community groups and organizations
- Minor sports teams
- Special events
- Elite adult teams
- Ontario applicants Only

#### Who we will NOT fund:

- For-profit organizations
- Political/territorial organizations
- Tribal councils
- Band councils
- Businesses
- Adult recreational teams
- Government agencies
- Third-party applications will not be accepted
- Reimbursements
- First Nations outside of Ontario
- Travel & accommodations

**CRITERIA:** Preference will be given to projects involving youth under the age of 25.

### The Objects of the Foundation are:

- 1) To address risk factors faced by First Nations youth including juvenile delinquency, substance abuse and suicide, by:
  - a) Providing scholarships bursaries and grants to attend educational programs; and
  - b) Providing equipment, facilities and opportunities to participate in structured recreational, and/or organized sporting activities.
- 2) To promote good health care and ensure the proper provision of medical and health care services for the benefit of all First Nations members in Ontario.
- 3) To educate and raise awareness concerning First Nations language, history, spirituality and culture among First Nations youth by:
  - a) Providing grants for attendance at traditional First Nations activities or events, established arts and cultural institutions, language programs and traditional theatrical or dance performances and instruction; and
  - b) Providing educational materials and training for the benefit of youth

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**PROJECT DESCRIPTION**

- Must provide the title/name of your project
- Must identify the location of your project
- Must identify a start and completion date
- Must provide a **brief** description of the project

**BENEFIT**

- Check off the following that apply to you or your community
- Must provide a brief description of how the Dreamcatcher Charitable Foundation will benefit you or your community (e.g., providing role models, increasing fitness, leadership, development, self-improvement, self-esteem, increased community participation, community pride, etc.)
- If these do not apply, you can provide a brief description

**COMMUNITY SERVICE**

- The intent of Community Service is to have applicants give back to their community in the form of volunteerism at activities inside their own community. This will encourage young applicants to volunteer at community activities in the present and future
- Applicant must provide a description and name of the group, activity or organization that they will be volunteering for (e.g., assisting with a minor sports organization, a school, a pow-wow, or community events, helping seniors, community beautification, etc.) A minimum of four hours of volunteerism is required
- Failure to complete this form will affect future applications
- Cannot be the activity that was submitted on your application

**BUDGET**

- Must submit a budget itemizing all expenses and costs
- Must identify all other sources of funding, including personal contribution and fundraising
- Must provide supplier quote(s) upon submission of the application

**FINANCIAL NEEDS BUDGET SHEET**

- Must provide most recent tax summary for both parent(s) if under 19
- If living independently, you must provide your own tax summary or bank statement
- If a tax summary is unavailable, a cheque stub from your recent employer will do
- Identify appropriate areas with checkmarks
- Fill in monthly income sources
- Fill in month expenses
- **Household incomes exceeding \$100,000 will not be considered**

**REFERENCES**

- Must provide the name of three references including a mailing address, telephone number, fax number, and email address. References must be **individuals other than those signing the application form**. Letters from these references are optional
- Only the first three letters of support/recommendation will be accepted; others will be disregarded

**ACKNOWLEDGEMENT**

- You must provide a description of how you will acknowledge the contribution of the Dreamcatcher Charitable Foundation and the contributors to the Dreamcatcher Charitable Foundation (e.g., appreciation certificate, newspaper ad, plaque, photo, etc.)

**PROOF OF MEMBERSHIP**

Copies of applicants status cards (*front and back including your 10-digit Band number*) must be submitted for the following:

- **For individual applicants**
- **For group/team applicants:** Both persons who signed the application must provide status card copies front and back
- You can be both the contact person and the person who signed the application

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## REPORTING REQUIREMENTS

- Must provide a written report indicating the outcomes of the project
- Must submit proof of your acknowledgement of the contribution of the Dreamcatcher Charitable Foundation (e.g., appreciation certificate, newspaper ad, plaque, photo)
- These reports must be submitted to the Dreamcatcher Charitable Foundation **within one month** of your project completion
- Failure to meet these Reporting Requirements **will result in applications funding not being released until reporting requirements have all been handed in**
- For minor sports teams an attendance report may be required

## OPERATIONAL GUIDELINES

- The operating year of the Dreamcatcher Charitable Foundation is April 1 to March 31 of each year
- **Approved funds will be provided directly to the supplier**
- Applicants may reapply from year to year in any sector
- Applicants may submit one application per sector per year, with the exception of the Sports and Recreation sector where applications are accepted every six months (summer sports from February 1 – July 31; winter sports from August 1 – January 31)
- Applications may be accepted for special events of a regional, national or international nature
- Application form must be signed by at least two individuals who are over the age of majority (19 years of age)

## APPLICATION DEADLINES

**Applications must be submitted a minimum of one month prior** to your event or commencement of your project. Notification of approval or denial will be provided four to six weeks after or as soon as possible

**Only one application per sector per fiscal year** (April 1 – March 31) in the **Health Sector** and the **Arts & Culture Sector**. Below are the specific sector deadlines:

- **SPORTS AND RECREATION SECTOR:** applications will be accepted according to application deadlines.
  - Spring/Summer Sports – February 1 – July 31
  - Fall/Winter Sports – August 1 – January 31
- **EDUCATION SECTOR:** September start has a mid-July deadline; January start has a mid-October deadline. Applications that span more than one year are eligible; however, applicants must reapply each year.

## Dreamcatcher Charitable Foundation: The Funding Sectors

### 1. SPORTS AND RECREATION SECTOR

The main focus of this sector is on community-based activities and special events that create opportunities for youth to participate in a wide range of sports and recreation activities with the goal of developing our youth as future leaders of our communities.

#### Who/what we will fund

- Minor sports teams
- Individual athletes, 25 years of age or under
- Special events (e.g., provincial champions, all-Ontario tournaments, NAIG, National tournaments)
- Elite athletes (all ages)

#### Eligible costs

- Equipment (no apparel)
- Registration fees
- Facility rental (e.g., ice time, gym, floor time)

#### Who/what we will NOT fund

- Adult recreational teams
- Activities involving alcohol
- Recreational leagues
- Third-party applications will not be accepted

#### Ineligible costs

- Debts
- Operating costs including salaries
- Accommodations and gas
- Honoraria/per diem
- Reimbursements
- Officials fees
- Travel

This list is not all-encompassing and the final decision rests with the Board of Directors. Schools or groups (including sports) must provide a roster with first and last names, date of birth and band numbers.

### 2. ARTS AND CULTURE SECTOR

The main focus of this sector is on arts (including the performing arts), cultural and language activities and special events that create opportunities for youth to participate in a wide range of activities with the goal of developing our youth into future leaders.

#### Who/what we will fund

- Special events (i.e. championships, competitions, pow-wows, dance performances)
- Language programs and activities (not including salaries)

#### Eligible costs

- Registration costs
- Lessons
- Facility rental (e.g., theatre, dance studio)
- Supplies/equipment

#### Who/what we will NOT fund

- Band Council, PTOs, tribal councils
- Individual dance regalia
- Individual attendance at conferences, workshops, seminars
- For-profit businesses
- Government agencies
- Activities involving alcohol
- Third-party applications will not be accepted
- Art shows & Individual Performances

#### Ineligible costs

- Debts
- Operating costs including salaries
- honoraria/per diem
- Reimbursements

This list is not all-encompassing and the final decision rests with the Board of Directors

### 3. EDUCATION SECTOR

The main focus of this sector is on educational activities to support and encourage youth to pursue and complete their education with the goal of developing our youth as future leaders of our communities. We view education as the primary responsibility of the federal government and/or Chief and Council and provide limited assistance under very unique circumstances. Applications accepted mid-July for September start. Mid-October for January start.

#### Who/what we will fund

- Individual students (elementary, secondary, post-secondary levels) from low-income families or special-needs students
- Individual students for very unique courses and/or under very unique circumstances
- Student exchanges
- Attendance at established educational institutions (Canada and International)
- Organized school events and trips
- Post-Secondary institutions in the US

#### Eligible costs

- Computers for special-needs students
- Post-secondary (e.g., tuition)
- Tutoring for documented special-needs students
- Facility rental (e.g., lab)

#### Who/what we will NOT fund

- Computers/laptops for general education purposes
- Living allowances and tuition in excess of your First Nation education department allocation
- Individual attendance at educational conferences, workshops, seminars and training institutions
- Employment training
- Band council, PTOs, tribal council
- For-profit businesses
- Government agencies
- Third-party applications

#### Ineligible costs

- Debts
- Operating costs including salaries
- Honoraria/per diem
- Student loans
- Research projects (e.g., curriculum development)
- Reimbursements

This list is not all-encompassing and the final decision rests with the Board of Directors.

### 4. HEALTH SECTOR

The main focus of this sector is on health activities that assist individuals with health needs and services that supplement existing health programs and services.

#### Who/what we will fund

- Individual
- Special events (e.g., heart and stroke walk, diabetes)
- Special equipment

#### Eligible costs

- Equipment (e.g., wheelchair, lift chairs)
- Supplies (e.g., hearing aids)
- Wheelchair ramps (quotes & inspections must be included in the application upon submission)

#### Who/what we will NOT fund

- Individual attendance at conference, workshops, seminars
- Benefits covered by NIHB and other health plans
- Non-essential cosmetic procedures
- Attendance at health conferences, workshops, seminars
- Third-party applications will not be accepted

#### Ineligible costs

- Debts
- Operating costs, including salaries
- Research projects (i.e., surveys)
- Honoraria/per diem
- Reimbursements
- Drugs

This list is not all-encompassing and the final decision rests with the Board of Directors

## **How to apply**

**Applicants must complete an Application Form and submit original application and supporting documents to:**

**Mailing Address:**

Dreamcatcher Charitable Foundation  
P.O. Box 659  
Ohsweken, Ontario  
N0A 1M0

**Courier Address:**

Dreamcatcher Charitable Foundation  
c/o Iroquois Lacrosse Arena  
3201 Second Line  
R.R. # 6  
Hagersville, Ontario  
N0A 1H0

Telephone: 905-768-8962 | Toll Free: 1-866-508-6795 | Fax: 905-768-8963

Website: [www.dcfund.ca](http://www.dcfund.ca) | Email: [info@dcfund.ca](mailto:info@dcfund.ca)

**Application forms are available at the Dreamcatcher Charitable Foundation office or on the website (dcfund.ca). This application form must be submitted by person, mail or courier to the Dreamcatcher Charitable Foundation at the above address.  
Faxed or email applications are NOT accepted.**



**PROJECT GUIDELINES AND APPLICATION FORM**

**Application Form**

PLEASE REFER TO APPLICATION GUIDELINES PRIOR TO COMPLETING. PLEASE ENSURE APPLICATION IS COMPLETE WHEN RECEIVED BY OUR OFFICE OR IT WILL BE RETURNED FOR COMPLETION. APPLICATION MUST BE SUBMITTED ON THIS DREAMCATCHER FORM. REPRODUCTIONS OR DUPLICATIONS WILL NO BE ACCEPTED.

Application Name .....  
(Name of group or individual)

First Nation/Band Name .....

Applicant age(s) .....  
(Team or Individual)

Parents Name .....  
(If applicant is under 19 years of age)

Contact Person .....

Mailing Address .....

Home Phone.....Work Phone.....Cell Phone.....

Fax .....Email.....

**OFFICE USE ONLY: APPLICATION NUMBER**

PLEASE CHECK THOSE AREAS THAT APPLY TO YOUR APPLICATION:

- Minor Sports team
- Non-Profit
- Individual Band member
- Community Organization

**PROJECT INFORMATION**

Title/name .....

Location .....  
(Specific location of project/activity)

Start Date .....

Completion Date .....

**BRIEF PROJECT DESCRIPTION**

(Describe specifically what you are applying for. Please summarize)

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**BENEFITS**

How will your project/application benefit you or your community? Check where applicable

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Role model creation    | <input type="checkbox"/> Increased fitness       | <input type="checkbox"/> Self-improvement/esteem |
| <input type="checkbox"/> Leadership development | <input type="checkbox"/> Community participation | <input type="checkbox"/> Community pride         |
| <input type="checkbox"/> Improved health        | <input type="checkbox"/> Other                   |  |

Please specify:

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**COMMUNITY SERVICE**

Provide specific name of group, activity, or organization that you will be volunteering for. A minimum of four hours of volunteerism per individual is required. Community service is to be completed upon approval of funds. Any new hockey reps will be responsible for the community service for their team. Failure to complete Community Service will affect future applications.

**NOTE: Community service cannot be the activity that was submitted on your application.**

Check applicable services:

- Sports team/organization
- School
- Church
- Elderly
- Dinners/luncheons
- Community Beautification
- Pow-wow
- Holiday event
- Special event/other

Please specify name of team, organization, school, church, event, community, etc.:

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**PREVIOUS APPROVAL**

Have you been approved for funding for the Dreamcatcher Charitable Foundation before? If yes, please include application #, amount approved, date of approval, and what you have been approved for.

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**ACKNOWLEDGEMENT**

Must provide a clear description of how you will acknowledge the contribution of the Dreamcatcher Charitable Foundation (e.g., appreciation certificate, newspaper ad, newsletter or photo etc.):

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**REFERENCES \*MANDATORY\***

References must be over 19 years of age and must be individuals other than those who have signed the Application Form. Three references must be LISTED; however, actual reference letters are preferred, but not mandatory. References can be personal, community, character, or business-related. Only three letters of support/recommendation will be accepted, others will be disregarded.

**1. Title Name** .....

Mailing Address .....

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Home Phone.....Work Phone.....Cell Phone.....

Fax .....Email.....

**2. Title Name** .....

Mailing Address .....

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Home Phone.....Work Phone.....Cell Phone.....

Fax .....Email.....

**3. Title Name** .....

Mailing Address .....

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Home Phone.....Work Phone.....Cell Phone.....

Fax .....Email.....

**DECLARATION**

- I/We agree to provide the necessary documents as required/requested (i.e. financial statements, supplier quotes).
- I/We agree that if our Application is approved, I/We will meet the Reporting Requirements as outlined in the Project Guidelines. We understand that failure to meet the Reporting Requirements will affect any future applications.
  - **Payments will not be distributed until all reporting has been submitted to the Dreamcatcher Charitable Foundation**
- 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 purpose of the Dreamcatcher Charitable Foundation.

**PROOF OF MEMBERSHIP**

Copies of status cards (front and back including your 10-digit Band number) must be submitted for the following:

**Individual applicants:** 1) Actual individual applicant

**Group/team applicants:** 1) Contact person; 2) Both persons who signed application.

\* You can be both the contact person and the person who signed the application.

\* Schools or groups (including sports) must provide a roster with first and last names, date of birth and band numbers.

**SIGNATURES**

This application form must be signed by at least TWO individuals over the age of majority (19 years of age) for both individual and group applications. Signers **cannot** be the same person you listed as a reference.

**1. Name**

.....  
(Please print)

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(Signature)

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(Title/Relationship to applicant)

.....  
(Date)

**2. Name**

.....  
(Please print)

.....  
(Signature)

.....  
(Title/Relationship to applicant)

.....  
(Date)

**\* Financial Budget sheet page 7 must be completed with the application\***

**This application form must be submitted in person, by mail or courier to the Dreamcatcher Charitable Foundation Office at the address listed below. Faxed or e-mail applications are NOT accepted.**

**Mailing Address:**

Dreamcatcher Charitable Foundation  
P.O. Box 659  
Ohsweken, Ontario  
NOA 1M0

**Courier Address:**

Dreamcatcher Charitable Foundation  
c/o Iroquois Lacrosse Arena  
3201 Second Line  
R.R. # 6  
Hagersville, Ontario  
NOA 1H0

Telephone: 905-768-8962 | Toll Free: 1-866-508-6795 | Fax: 905-768-8963

Website: [www.dcfund.ca](http://www.dcfund.ca) | Email: [info@dcfund.ca](mailto:info@dcfund.ca)

NOTE: FAILURE TO ACCURATELY REPORT YOUR ACTUAL LIVING CIRCUMSTANCES WILL RESULT IN:
A) YOUR CURRENT FUNDING WILL BE REVOKED AND IMMEDIATE REPAYMENT TO THE DREAMCATCHER CHARITABLE FOUNDATION WILL BE REQUIRED;
B) YOU WILL NOT BE ELIGIBLE FOR FUTURE FUNDING

FINANCIAL NEED BUDGET SHEET

Current Marital Status [ ] Single [ ] Married [ ] Common Law [ ] Separated [ ] Widowed/Widower

Dependents [ ] None [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6 [ ] More than 6

List of ages of your dependents: .....

Current Employment [ ] Full time [ ] Part-time [ ] Seasonal [ ] Unemployed [ ] E.I. [ ] Pension [ ] OW

Annual Household Income

\*If applicable, please submit a copy of the most recent Notice of Assessment/ Re-assessment from Canada Revenue Agency of each parent and/or guardian listed on this application\* If you do not have a notice of assessment/re-assessment, a pay stub or note from employer will suffice. \$.....

Monthly Income Monthly income from savings or work \$.....
Sources Monthly income from spouse or partner \$.....
Other monthly income \$.....
Monthly Child support, if applicable \$.....
Monthly Child Tax Benefit \$.....
Monthly Pension income (CPP, OAS, GAINS, Orphans Allowance) \$.....
Monthly Social Assistance (OW or ODSP) \$.....
Any other sources of income not listed above \$.....
TOTAL INCOME -> \$.....

Monthly Expenses Monthly mortgage/rent/shelter \$.....
Monthly food \$.....
Utility costs \$.....
Monthly telephone, internet, cable \$.....
Transportation \$.....
Monthly childcare \$.....
Monthly clothing and recreation \$.....
Insurance \$.....
Other monthly expenses (please list additional info on separate page) \$.....
TOTAL EXPENSES -> \$.....
Total monthly income (A) \$.....
Minus monthly expenses (B) \$.....
Surplus / shortfall (A - B) \$.....