

Chippewas of the Thames First Nation Social Services Department



YOUTH-RECREATION BINOOJIINYAG FUNDING GUIDELINES

Binoojiinyag Fund is designed to assist all Chippewas of the Thames First Nation children and youth members residing on or off reserve in their pursuit of achieving their ability by participating in recreational activities.

The Objective of the Fund is to:

1. supplement fundraising activities of all Chippewas of the Thames First Nation children and youth members in their pursuit of sporting/ recreational achievements; and
2. assist Chippewas of the Thames First Nation status children and youth in their efforts to participate in unique recreational activities to promote health and physical fitness.

NOTE: BINOOSIINYAG FUNDING IS CONTINGENT ON CHIPPEWAS OF THE THAMES FIRST NATION FUNDING AVAILABILITY.

GLOSSARY OF TERMS

“COTTFN” refers to Chippewas of the Thames First Nation

“Children” will be defined as 0-8 years of age.

“Youth” will be defined as 9-21 years of age.

“Elite Athlete” is defined as a youth who is currently competing at the highest level sports activity (for example: Triple A hockey).

“Rep Team” is the highest level of, for example hockey/lacrosse/dance that can be played within a sporting organization, in which players must have previously registered.

“Fiscal Year” is in accordance with Chippewas of the Thames First Nation fiscal year being April 1st to March 31st.

“Community Volunteer” is a person that volunteers their time at a community event held by Chippewas of the Thames First Nation.

ELIGIBILITY AND FUNDING REQUIREMENTS

1. Applicants must be a registered band member of Chippewas of the Thames First Nation between the ages of 0-21 years of age.
2. The child/youth is eligible for funding if they are playing for a Rep Team or consider an elite athlete. Please refer to glossary for definition of rep team and elite athlete.
3. The funding supports children and youth 0-21 years of age, therefore the youth must have participated in the activity prior to their twenty-first birthday within the fiscal year.
4. Team must identify as a COTTFFN team and have 50+1% members from community.
5. Group/Team must provide confirmation of event registration from event sponsor. A verified list of players must also be provided from the team captain or coach with their status card numbers.
6. Group/Teams must provide feedback in the form of a report.
7. A COTTFFN status child/youth may only apply once per year, regardless of the number of eligible activities or the costs associated with a previous activity.
8. COTTFFN recognized teams are only eligible once per year.
9. Completion of Individual Application Form **(see Appendix A)**.
10. Community Volunteer hours are a mandatory requirement as a funding recipient. **(see Appendix B)**.
11. 60 days from the date of the event an Activities Report must be completed. **(see Appendix C)**.
12. Applicants may request reimbursement for eligible costs or payment can be made directly to the participating organization.
13. Maximum funding per applicant/group/team is \$400.00 per fiscal year.
14. All applications will be reviewed and approved by the Youth Development Coordinator in consultation with the Social Services Director.
15. Upon approval of your application, the applicant will be required to complete (8) hours as a community volunteer at a Chippewas of the Thames First Nation event. Applicant's parents who are a volunteer coach, trainer or manager of one of Chippewas of the Thames First Nation teams is considered a community volunteer or a member of Chippewa Social Initiative Committee.
16. Eligible community events are: Solidarity Day festivities, Pow-wow, Harvest Feast, Community Hallowe'en Party, Children's Christmas Party, Food Bank and Community Christmas Dinner. (Not restricted to this list only, but encompasses all COTTFFN events).
17. Failure to complete event program will result in reimbursement to binoojiinyag fund.
18. Failure to complete any of the funding requirements will make you ineligible for future funding for a period of (3) years.
19. Applicants are NOT guaranteed the maximum amount, as decisions are made at the discretion of the Youth Development Coordinator and Social Services Director as well they will be assessed on a case by case basis.

ELIGIBLE COSTS

1. Registration Fees associated with playing a youth recreational or arts and Entertainment activity or program.
2. Registration costs for participating in performance enhancing camps or training such as power skating, hockey camps, golf camps, and dance camps.
3. Accommodations and travel costs to attend provincial championships, international silver stick championships, Little NHL, NAIG, and other National/International tournaments.
4. Equipment costs are eligible for funding providing applicant submits receipts for reimbursements.

INELIGIBLE COSTS

Binoojiinyag funding will not fund teams/athletes over the age of 21 years of age and team uniforms.

APPENDIX A – BINOOSIINYAG APPLICATION FORM

PLEASE PRINT

FUNDING EVENT (please check off what is applicable to your application)			
<input type="checkbox"/> Sports			
<input type="checkbox"/> Arts (Dance)			
<input type="checkbox"/> Entertainment (Music)			
APPLICANT INFORMATION			
Applicant Name:		Parent/Guardian:	
Date of Birth:		Band Number:	
Address:			
Telephone:		Cell:	
Email:			
Team/Group Name: (if applicable)		Contact Person	
STATISTICAL INFORMATION (please check off what is applicable to the applicant)			
<input type="checkbox"/> On reserve member		<input type="checkbox"/> Off reserve member	
Is this your first time applying for the funding? Yes or No			
Date of Last Application:			
ACTIVITY INFORMATION			
Name of Team/Group:			
Location of Activity:			
Team/Group Manager:			
Start Date:		Completion Date:	
List all activities that you have participated in the last (3) years			
What is your goal/objective in your area of interest for which you are applying for this funding?			
BUDGET (applicable to your application only)			
REVENUE (Income /Other Sources)		EXPENDITURES	
DETAILS	AMOUNT	DETAILS	AMOUNT
Personal Contribution		Registration	
Fundraising		Travel	
Dreamcatcher		Accommodation	
Other (please specify)		Equipment	
TOTAL		TOTAL	
FUNDING REQUESTED FROM BINOOSIINYAG (Max. funding \$400) \$			
PAYMENT DETAILS: Please indicate below whom payment should be made to.			

DECLARATION:

I solemnly swear the information provided is a true statement and understand that any false statement will void my application.

I authorize Chippewas of the Thames First Nation to authenticate all information pertaining to the application prior to any approval for funding.

I agree that should the activity be cancelled that I am responsible for reimbursing Chippewas of the Thames First Nation 100% of the cost paid by COTTFN.

APPLICANT SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____



**APPENDIX B – COMMUNITY VOLUNTEER FORM
CHIPPEWAS OF THE THAMES FIRST NATION
BINOOSIINYAG FUNDING
COMMUNITY SERVICE – VOLUNTEER VERIFICATION**
PLEASE RETURN COMPLETED FORM TO THE SOCIAL SERVICES DEPARTMENT

PARTICIPANT NAME:	
PARENT/GUARDIAN NAME:	
CONTACT INFORMATION: TELEPHONE, EMAIL	

PROJECT INFORMATION

VOLUNTEER ACTIVITY DESCRIPTION: What did you do and whom did it benefit?	
DATE OF VOLUNTEER SERVICE:	
TOTAL NUMBER OF HOURS VOLUNTEERED:	
LOCATION OF ACTIVITY:	

I hereby verify that the above noted participant has volunteered their time with no monetary compensation at the activity listed.

Supervisor Name, Position

Supervisor Signature

Date

