2026/27
AKWESASNE COMMUNITY FUND APPLICATION GUIDELINES

ROUND 2 - FALL CALLOUT

AUGUST 20, 2026

OVERVIEW

The Akwesasne Community Fund was established by Council and is intended to support community based **not for profit** applicants operating within the jurisdiction of the Mohawk Council of Akwesasne (MCA).

Funding for the Akwesasne Community Fund is derived from our community's overall share of Ontario Lottery and Gaming Corporation (OLGC) revenue. This revenue is provided to all First Nations in Ontario in accordance with a Gaming Revenue Sharing and Financial Agreement whose objective is to advance the growth and capacity of First Nations in Ontario with respect to community development, health, education, economic development, and cultural development.

Council has set aside a portion of the revenue received to be distributed to the community to support various initiatives that might not otherwise receive government funding.

The Akwesasne Community Fund is designed to provide funding **only once per callout/per year and is not to be considered as a commitment to repetitive, ongoing, or permanent funding to be relied upon by any applicant.**

The concept of an Akwesasne Community Fund Review Team was established by Council to include representation from each of the three districts under the jurisdiction of MCA with the responsibility to establish and regularly update the eligibility criteria, guidelines, and application form for funding consideration; conduct a community callout for applications; review applications; make decisions to approve or deny applications; and determine how much funding to allocate to approved applicants.

The Akwesasne Community Fund Review Team has established strict guidelines, criteria, and an application form that must be utilized and adhered to in order to be deemed eligible for funding from the Akwesasne Community Fund. Applications are accepted from not for profit community based groups, organizations, agencies, and sports associations who want to help build a stronger community. **The applicant is the group itself, not the individuals completing the form. However, two individuals must be designated to serve as official contact persons for each applicant.**

ELIGIBILITY CRITERIA

1. **Applicants must be established and/or operate in the northern portion of Akwesasne under the jurisdiction of the MCA**.

2. **Applicants must have a physical address within the territory of Akwesasne under the jurisdiction of the MCA and must supply proof of address** (i.e.: phone bill, electric bill, bank statement) **in the applicant's name**.

3. **Only community-based not for profit applicants may apply for funding** from the Akwesasne Community Fund. For clarification, **not for profit applicants** are those whose purpose is to achieve their goals and any funds raised or secured are used solely for that purpose and not to make a profit. These applicants are eligible to apply. **For profit applicants** are those whose motive is to generate revenue (a profit) for their own benefit. For profit applicants **are not eligible to apply**.

4. **Applicants must have <u>two contact persons and both contact persons must be Members</u> of the Mohawks of Akwesasne** in accordance with the Akwesasne Membership Code. Membership status for contact persons will be verified by the MCA Office of Vital Statistics. Two Membership Confirmation forms are included as part of the application.

5. **The MCA *Good Standing Policy* applies. Any application with an applicant or contact person who is deemed to be not in good standing by any program or department of MCA (i.e. have outstanding amounts owing to the MCA) will not be eligible for funding consideration.** Contact persons must sign and submit <u>three separate standing confirmation forms</u>**:**

   - **one for each of the contact persons as individuals (total of 2); AND**
   - **a third one <u>for the applicant</u>**

   to allow current standings with MCA to be verified. Three Good Standing Confirmation forms are included as part of the application; <u>one for each of the two contact persons and a third one for the applicant</u>.

   <u>IMPORTANT NOTE: To avoid unexpected application denials, it is best to find out whether or not both contact persons AND the applicant are in good standing *BEFORE APPLYING* to the Akwesasne Community Fund. Contact the Special Projects Officer immediately to find out how to confirm your eligibility</u>.

6. **Proof of an established Canadian bank account <u>in the applicant's name</u>** must be provided in order to be considered for funding. **<u>Note</u>**: The banking institution must be recognized by the Financial Consumer Agency of Canada to be considered a legitimate Canadian banking institution.

7. **The proposed activity/purpose of funding must have a set time frame, including a start date and an end date. For this callout, the proposed activity/purpose of funding must take place between the dates of <u>OCTOBER 1, 2026 and MARCH 31, 2027</u> to be considered for funding.**

8. **ALL REQUIRED APPLICATION INFORMATION MUST BE INCLUDED FOR THE APPLICATION TO BE CONSIDERED.**

RESTRICTIONS

9. This fund is not an entitlement. Applications will be screened and vetted by the Akwesasne Community Fund Review Team. **If information or supporting documentation is missing and/or not provided with the application <u>at the time of submission</u>, the application will not be considered by the Akwesasne Community Fund Review Team**.

10. **MCA Council members, departments, programs, and services are not eligible to apply**.

11. The Kawehno:ke, Tsi Snaihne, and St. Regis Recreation Center Committees; the Tri-District Elders; the Akwesasne Homemakers; the Winter Carnival Committee; the Akwesasne Museum; the Kanatakon Elders Club; and the Akwesasne International Powwow Committee are **not eligible to apply** because the MCA provides support to them separate from this fund.

12. **Only one (1) application may be submitted by any applicant and/or any contact person per callout**.

13. **An applicant is only eligible to receive funding once per callout/per fiscal year**.

14. Funding **may not be used to cover salaries or employment fees for individuals**. However, at the discretion of the Akwesasne Community Fund Review Team, 'purchased services' or 'honorariums' may be permitted as a line item within the overall budget to provide compensation for services rendered to individuals with recognized expertise in areas such as Mohawk language instruction, artisan work, or other traditional skills, when such services directly support the proposed activity/purpose of funding.

15. Funding **cannot be used for any capital expenses**. For clarification, capital expenses are considered to be construction and/or renovation work.

16. For the 2026/27 Round 2-Fall Callout, **funding requests cannot exceed $5,000**. Please make sure any submitted budget fits this limit.

17. Any property or equipment purchased by an applicant through funding provided by the Akwesasne Community Fund must remain the property of the applicant and not become the property of an individual contact person to the application.

18. **Applications for sports teams will only be considered if submitted at the highest organizational level possible**. These applications should be submitted by associations rather than individual teams. Applications from a sports team will only be considered if and when no such association exists.

19. Applicants and/or contact persons with an outstanding report or other obligation from a previous Akwesasne Community Fund callout are not eligible to apply until both of the following have occurred: five (5) calendar years have passed since the original final report deadline and five (5) additional callouts have taken place.

20. There is **no guarantee of future funding callouts** for the Akwesasne Community Fund. **The Akwesasne Community Fund is not to be relied upon by any applicant and an approval is not to be considered as a commitment to repetitive, ongoing, or permanent funding**.

21. **Decisions of the Akwesasne Community Fund Review Team are final**.

APPLICATION SUBMISSIONS

22. Requests for funding from the Akwesasne Community Fund **must be submitted using the prescribed application form**, ensuring that all questions are answered, all areas are filled out, and all supporting documentation is attached.

    Note: Applications submitted become the property of the Akwesasne Community Fund Review Team and the MCA.

23. **Contact persons must both sign:**

    ☐ the declaration form (initials also required) on page 6 of the application; and

    ☐ separate good standing confirmation forms: **one for each of the contact persons as individuals (total of 2) and a third one in the applicant's name.**

24. **Applications must include the following information**:

    a) Complete background information about the applicant (such as who you are, what you do, past activities undertaken, community involvement). For clarification, this is information about the applicant, not information about the individual contact persons;

    b) A full explanation of the activities expected to be performed with any funding received, including start and end dates, responsible parties, expected outcomes, status, and comments by filling out an action plan;

    c) A description of the benefits to the community that will likely be realized if funding is provided (such as how many Akwesasronon will benefit from your activities, what are the different ways Akwesasronon will benefit, are there any potential linkages that can be established and/or networking that can take place with community organizations/groups);

    d) **Financial accountability through an itemized proposed budget with up to date quotes attached**. In addition, the funding that you expect to receive (other than from the Akwesasne Community Fund) must be included as well as the funding source. Funding that should be included are any fees, donations, and/or grants (applied for **or** received) and a description of what fundraising efforts are being made; and

    e) A list of signing officers on the applicant's bank account.

25. Completed applications must be submitted by e-mail or hand delivered to the location indicated below on or before the strict deadline of **Tuesday, September 29, 2026 at 2:00 pm**:

Akwesasne Community Fund Review Team
Attention: Kristy Lauzon, Special Projects Officer
MCA Administration 1 Building
12 Akwesasne Street
Akwesasne, Quebec H0M 1A0
kristy.lauzon@akwesasne.ca

26. **Late application submissions will not be accepted. No exceptions will be made!**

RECIPIENT RESPONSIBILITIES

27. Funding may only be used for the purpose described in the application.

28. The Akwesasne Community Fund must be publicly acknowledged as having provided funds for the activity/purpose of funding through radio or social media and proof of this acknowledgement must be provided. (i.e. **"This** [specify your activity/purpose of funding] **was made possible through funding received from the MCA Akwesasne Community Fund"**.

    Note: DO NOT USE 'TRUST' to publicly acknowledge the MCA Akwesasne Community Fund for providing funds. Please use the wording provided above. It is important that the correct funding source is publicly acknowledged.

29. **Where the applicant encounters difficulties in proceeding with the proposed activity/purpose of funding or if circumstances change with regard to the purpose described in the application, the applicant must immediately inform the Akwesasne Community Fund Review Team of the situation** so that the Akwesasne Community Fund Review Team can determine whether the approved funding can be used or if funds need to be refunded to MCA. The contact persons must secure the Akwesasne Community Fund Review Team's approval for any changes before spending any further funds. Contact the Special Projects Officer to do so.

30. Where approved funding has not been used for the purposes described in the application or has been unspent or unused, the **contact persons may be required to refund up to the entire amount allocated to them**, back to the Akwesasne Community Fund Review Team, for redistribution to approved applicants from the same callout.

31. Approved applicants are required to submit a **final report** on activities and expenditures **within 30 days following the completion date supplied in the application.** The final report must be submitted by filling out an **Akwesasne Community Fund Report**.

32. The final report must include a narrative summary of the activities completed, number of Akwesasronon who benefited, linkages established, networking that took place, goals and objectives met, any issues encountered and how they were handled, how activities might be better handled in the future, a summary of expenses covered by funds received from the Akwesasne Community Fund, and an evaluation of the overall results.

33. The financial portion of the final report must be accompanied by clear and legible copies of all receipts indicating the amount paid by the applicant.

34. It must be understood that MCA will inform the community of the names of successful applicants and the funding amounts awarded.

35. Both contact persons for approved applications are required to sign a formal undertaking to acknowledge and accept the responsibilities listed in this section prior to receiving any approved funds.

APPROVED FUNDS

36. Approved funds will be distributed by electronic funds transfer (EFT) to the applicant's bank account as follows:

    - **Seventy-five percent (75%)** of the total amount approved will be provided after the undertaking is signed;
    - **Twenty-five percent (25%)** of the total amount approved will be held back unless and until a final report has been submitted by the report due date and deemed to be satisfactory by the Special Projects Officer after it has been processed.

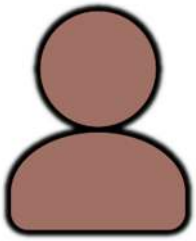
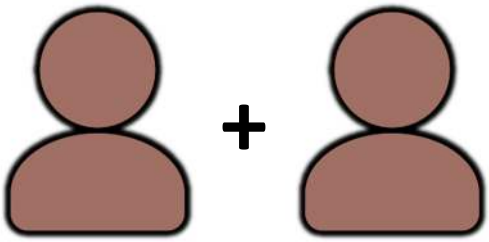
FURTHER INFORMATION

For further information concerning the Akwesasne Community Fund guidelines, criteria, or application form contact:

Kristy Lauzon—Special Projects Officer
MCA Administration 1 Building
12 Akwesasne Street
Akwesasne, Quebec H0M 1A0
613-575-2250 ext. 2121
kristy.lauzon@akwesasne.ca

IMPORTANT TO KNOW & UNDERSTAND

If you want to submit an application to the MCA Akwesasne Community Fund it is important to understand the difference between an **applicant** and a **contact person**.

APPLICANT	
	→ A group, organization, agency, or sports association → **NOT** a person
CONTACT PERSON	
	→ An individual representing the applicant → **IS** a person
	→ Two (2) contact persons are required for each applicant

AKWESASNE COMMUNITY FUND APPLICATION

APPLICANT INFORMATION

NAME OF APPLICANT:

NOTE: The applicant is the name of your not for profit community group, organization, agency, sports association, **but is NOT an individual**. Please know that wherever you see 'applicant' used in the application guidelines or the application itself, it refers to the applicant named here. Do not provide information about a contact person when you are asked to provide information about the applicant.

Address :

Phone #:

Email Address:

****PROOF OF THE APPLICANT'S ADDRESS MUST BE PROVIDED****

The applicant is named above.

Contact persons are listed on the next page.

CONTACT PERSONS INFORMATION

CONTACT PERSON #1:

Address:

Phone #:

E-mail address:

CONTACT PERSON #2:

Address:

Phone #:

E-mail address:

NOTE: The 2 individuals named above are the contact persons for the applicant that is named on the previous page. For clarification purposes, if information is requested about the applicant, it is not information about these 2 individuals. Nia:wen/Thank you!

1. Please provide **background information about the applicant** below describing who you are, what you do, past activities undertaken, community involvement, etc.; (*Attach additional sheet if needed.*) In addition to providing an answer below, sports associations must also fill out a Sports Association Form (attached).

2. Please provide an explanation of the **purpose of the funding being requested** and the proposed activities you expect to perform with any funding received:

3. **Please provide a detailed description including activities, tasks, responsible parties, start dates, end dates, outcomes, status, and comments by FILLING OUT AN ACTION PLAN (attached).**

4. Please provide an overall start date and an end date for your funding purpose below:
   NOTE: Proposed activity/purpose of funding must take place between October 1, 2026 and March 31, 2027.

   Start date: _____ End date: _____

5. What is the total amount of funding being requested? _____
   NOTE: Funding requests cannot exceed $5,000 for Round 2-Fall Callout.

6. **Please provide a detailed description of your expenses by FILLING OUT A PROPOSED BUDGET (attached) and attach up-to-date quotes to it.**

7. Where will your activities mainly be taking place/purpose be mainly carried out?
   Check the appropriate box and fill in the blank where applicable

   ☐ Within the three Districts under MCA: _____ District (name)

   ☐ Within Akwesasne outside the three Districts under MCA

   ☐ Outside Akwesasne: Where? _____

8. Please answer the following questions to provide a thorough description of the benefits to the community that will likely be realized if funding is provided.

   a) How many Akwesasronon will directly benefit from your activities? ☐

   b) Describe the different ways Akwesasronon will benefit:

9. Are you currently associated with or have an existing relationship with any groups or organizations operating within Akwesasne? ☐ **YES** ☐ **NO**

   a) If you answered yes, please name those groups/organizations:

10. Do you envision that linkages can be established and/or networking will take place with any groups or organizations operating within Akwesasne as a result of receiving funding?
    ☐ **YES** ☐ **NO**

    a) If you answered yes, please explain:

11. Do you envision that ongoing activities will result from any funding received?
    ☐ **YES** ☐ **NO**

    Please explain your answer:

12. How do you plan to evaluate the success of your activities/fulfillment of your purpose?

13. Name of **Canadian financial institution** that the applicant banks with?

    a) How long has the applicant had this bank account?

    b) **Please attach proof of the bank account <u>in the applicant's name</u>.**

14. Please provide a list of signing officers for the bank account:

    Name: Title:
    Name: Title:
    Name: Title:

15. Have you applied for any other funding assistance? ☐ **YES** ☐ **NO**
    (Demonstrates the overall effort being made.)

    a) If you answered yes, please fill out the bottom portion of the Proposed Budget sheet to indicate the funding sources the applicant has applied to, the amounts requested, and the amounts received or the current status of your request.

16. Have you already fundraised or do you plan to fundraise for your activities/purpose?

    ☐ **YES** ☐ **NO**

    a) **Please <u>fill out the bottom portion of the Proposed Budget sheet to indicate the fundraising activities completed or planned, or alternatively, indicate your reasons for not fundraising</u>**.

17. For questions 15 and 16 above, please provide **the name(s) of any other funding sources** (funding assistance received <u>and</u> fundraising activities completed on behalf of the applicant) **and the funding amounts that resulted**, by including this information **on the bottom portion of the <u>PROPOSED BUDGET</u> (attached)**.

18. **Contact persons must each fill out and submit a Membership Confirmation form to allow their membership status to be verified** by the MCA Office of Vital Statistics, in accordance with the Akwesasne Membership Code. There are two forms attached.

19. **Contact persons must sign and submit three separate standing confirmation forms, <u>one for each of the contact persons as individuals (total of 2) AND a third one in the applicant's name</u> to allow current standings with MCA to be confirmed**. There are three forms attached.

<u>IMPORTANT NOTE: To avoid unexpected application denials, it is best to find out whether or not both contact persons and the applicant are in good standing *BEFORE* applying to the Akwesasne Community Fund. Contact the Special Projects Officer immediately to find out how to confirm your eligibility</u>.

DECLARATIONS

This application form must be initialed and signed by BOTH contact persons.
Place your initials in the boxes beside each statement.
Each contact person should initial 6 boxes

	Contact Person #1	Contact Person #2
	Initials Go Here ↓	↓
We agree to provide all documentation deemed necessary, as required and requested.	☐	☐
We agree that if our application is approved, we will meet the reporting requirements as outlined in the guidelines and understand that failure to meet these requirements will negatively affect our eligibility for future applications to be considered.	☐	☐
We confirm that the information contained in this application and its accompanying documents is true, accurate, and complete.	☐	☐
We agree that funding is only to be used for the purpose described in the application and that if funding is not used for the purpose described or has been unspent or unused, we may be responsible to refund up to the entire amount allocated to us, back to the Akwesasne Review Team, for redistribution to approved applicants from the same callout.	☐	☐
We agree that should our circumstances change with regard to the purpose described in this application, we are responsible to inform the Review Team.	☐	☐
We understand that funding from the MCA Akwesasne Community Fund is not an entitlement, is available to approved applicants only once per callout/per year and is not to be considered as a commitment to repetitive, ongoing, or permanent funding to be relied upon by any applicant.	☐	☐

Contact Person #1		**Contact Person #2**	
NAME:		**NAME:**	
SIGNATURE:		**SIGNATURE:**	
DATE:		**DATE:**	

ACTION PLAN

APPLICANT:	
FUNDING PURPOSE:	

Activity/Task *What activities/tasks are needed to fulfill your purpose?*	**Responsibility** *Who is responsible to carry out each activity/task?*	**Start Date** *For each activity*	**End Date** *For each activity*	**Outcome** *What is the desired result?*	**Status & Comments**

PROPOSED BUDGET

APPLICANT:	
FUNDING PURPOSE:	

EXPENSES	AMOUNT

NOTE: UP-TO-DATE QUOTES MUST BE ATTACHED

TOTAL EXPENSES **(A)**:

OTHER FUNDING SOURCES (Funding assistance received AND fundraising activities completed)	AMOUNT

TOTAL OTHER FUNDING **(B)**:

TOTAL EXPENSES subtract TOTAL OTHER FUNDING:
[**(A)** from top of page Minus/Subtract **(B)** from bottom of page]

TOTAL AMOUNT REQUESTED IN APPLICATION:

SPORTS ASSOCIATION

ASSOCIATION NAME:			
TOTAL # OF LEVELS:		**TOTAL # OF TEAMS:**	

LIST OF TEAMS IN ASSOCIATION

LEVEL	TEAM NAME	NAME of COACH(ES)	# OF PLAYERS

TOTAL ESTIMATED NUMBER OF PLAYERS:

MOHAWKS OF AKWESASNE
Membership Confirmation

Contact Person #1

Please fill in the information below. This form will be submitted to the Mohawk Council of Akwesasne, Office of Vital Statistics, in order to confirm the membership status of the individual named below, in accordance with the Akwesasne Membership Code.

Name: _____

Date of Birth: _____

INAC Registry #: _____
(Status Card Number)

Note: The Office of Vital Statistics is located in the MCA Cornwall Island Administration Building III at 101 Tewesateni Road, Akwesasne, Ontario.

The Office of Vital Statistics will complete this portion to confirm the membership status of the individual named above, in accordance with the Akwesasne Membership Code.

Membership Status

Member in accordance with the Akwesasne Membership Code..... ☐

Probationary Member in accordance with the Akwesasne Membership Code..... ☐

Expiration Date of Probation Period: _____

Non-member in accordance with the Akwesasne Membership Code..... ☐

_____ _____

DATE

MANAGER or MEMBERSHIP OFFICER
OFFICE OF VITAL STATISTICS

MOHAWKS OF AKWESASNE
Membership Confirmation

Contact Person #2

Please fill in the information below. This form will be submitted to the Mohawk Council of Akwesasne, Office of Vital Statistics, in order to confirm the membership status of the individual named below, in accordance with the Akwesasne Membership Code.

Name: _____

Date of Birth: _____

INAC Registry #: _____
(Status Card Number)

Note: The Office of Vital Statistics is located in the MCA Cornwall Island Administration Building III at 101 Tewesateni Road, Akwesasne, Ontario.

The Office of Vital Statistics will complete this portion to confirm the membership status of the individual named above, in accordance with the Akwesasne Membership Code.

Membership Status

Member in accordance with the Akwesasne Membership Code..... ☐

Probationary Member in accordance with the Akwesasne Membership Code..... ☐

Expiration Date of Probation Period: _____

Non-member in accordance with the Akwesasne Membership Code..... ☐

_____ _____

DATE

MANAGER or MEMBERSHIP OFFICER
OFFICE OF VITAL STATISTICS

MOHAWK COUNCIL OF AKWESASNE
Good Standing Confirmation form

Contact Person #1

Name:	
Date of Birth:	
Status #:	

Instructions: **Please fill out the box above and sign at the bottom**.

MCA Departments, Programs, And Services	✓ Yes	✓ No	In Good Standing Yes, No, or N/A
Ahkwesahsne Mohawk Board of Education			
▪ Hot lunch program	☐	☐	
▪ Akwesasne Child Care Program	☐	☐	
Akwesasne Court			
▪ Akwesasne Court fines	☐	☐	
▪ Akwesasne Court ordered payments	☐	☐	
Economic Development Department			
▪ Peace Tree Trade Centre Rent	☐	☐	
▪ Stanley Island Cabin Rent	☐	☐	
▪ Other Rental Unit	☐	☐	
▪ Non-compliance with Ec Dev programs	☐	☐	
Department of Finance and Administration			
▪ Consultants	☐	☐	
▪ Other loans	☐	☐	
▪ Employee Purchase Plan	☐	☐	
Department of Housing, Infrastructure, and Environment			
Housing Sector			
▪ Housing Loans	☐	☐	
• Rental Units	☐	☐	
▪ Rent to Own Homes	☐	☐	
▪ Bank Mortgages guaranteed by MCA	☐	☐	
Infrastructure Sector			
▪ Contract for Services, such as construction or snow removal	☐	☐	

The undersigned gives irrevocable authority to the above identified departments, programs, and services to release information pertaining to their standing to Executive Services and understands that this information is required to determine their eligibility to receive funding offered by the Mohawk Council of Akwesasne. The undersigned releases the Mohawk Council of Akwesasne from all manner of actions, cause of actions, or any other form of relief that may accrue to them, their heirs, executors, administrators, or assigns as a result of the release of the information specified above. I understand that making a false claim in my application may result in its denial.

Date	Applicant's Signature

MOHAWK COUNCIL OF AKWESASNE
Good Standing Confirmation form

Contact Person #2

Name:	
Date of Birth:	
Status #:	

Instructions: **Please fill out the box above and sign at the bottom**.

MCA Departments, Programs, And Services	✓ Yes	✓ No	In Good Standing Yes, No, or N/A
Ahkwesahsne Mohawk Board of Education			
▪ Hot lunch program	☐	☐	
▪ Akwesasne Child Care Program	☐	☐	
Akwesasne Court			
▪ Akwesasne Court fines	☐	☐	
▪ Akwesasne Court ordered payments	☐	☐	
Economic Development Department			
▪ Peace Tree Trade Centre Rent	☐	☐	
▪ Stanley Island Cabin Rent	☐	☐	
▪ Other Rental Unit	☐	☐	
▪ Non-compliance with Ec Dev programs	☐	☐	
Department of Finance and Administration			
▪ Consultants	☐	☐	
▪ Other loans	☐	☐	
▪ Employee Purchase Plan	☐	☐	
Department of Housing, Infrastructure, and Environment			
Housing Sector			
▪ Housing Loans	☐	☐	
• Rental Units	☐	☐	
▪ Rent to Own Homes	☐	☐	
▪ Bank Mortgages guaranteed by MCA	☐	☐	
Infrastructure Sector			
▪ Contract for Services, such as construction or snow removal	☐	☐	

The undersigned gives irrevocable authority to the above identified departments, programs, and services to release information pertaining to their standing to Executive Services and understands that this information is required to determine their eligibility to receive funding offered by the Mohawk Council of Akwesasne. The undersigned releases the Mohawk Council of Akwesasne from all manner of actions, cause of actions, or any other form of relief that may accrue to them, their heirs, executors, administrators, or assigns as a result of the release of the information specified above. I understand that making a false claim in my application may result in its denial.

Date

Applicant's Signature

GOOD STANDING CONFIRMATION
FOR APPLICANT

The following programs and services will be contacted to confirm the standing of the applicant named below to determine their eligibility to benefit from the Akwesasne Community Fund.

APPLICANT NAME: _____

Applicant named in application form

FOR INTERNAL USE ONLY		
PROGRAMS AND SERVICES	**IN GOOD STANDING**	**NOT IN GOOD STANDING**
A'nowara'ko:wa Arena Rental	☐	☐
Compliance with Akwesasne Community Fund Requirements	☐	☐

As an applicant's contact person, I hereby authorize and give consent to an authorized representative of the Executive Services Department to request and obtain the applicant's standing from the MCA programs and services listed above.

Further, I consent to give irrevocable authority to personnel of the programs and services listed above to release information regarding the applicant's standing with their particular programs and services. The information to be released will consist of either 'In Good Standing' or 'Not In Good Standing'.

It is understood that the confirmations, once obtained, will be used in the determination of the applicant's eligibility to receive funding from the Akwesasne Community Fund.

It is understood that any contact person for an application that is deemed to be 'Not In Good Standing' will be encouraged to contact the program or service that provided a 'Not In Good Standing' confirmation to find out what is required to get into good standing with that program or service.

CONSENT TO CONFIRM STANDING

Contact Person #1		**Contact Person #2**	
Name:		Name:	
Signature:		Signature:	
Date:		Date:	

Akwesasne Community Fund
2026/27 ROUND 2 – FALL CALLOUT
Application Checklist

This checklist is provided to assist with ensuring submission packages are complete. If information or supporting documentation is missing and/or not provided with the application at the time of submission, the application will not be considered.

- ☐ Prescribed application form used
- ☐ Proof of applicant's address attached
- ☐ *For Sports Associations only*: Sports Association Form filled out and attached
- ☐ Action Plan filled out and attached
- ☐ Proposed budget filled out (**top and bottom**) with up-to-date quotes attached
- ☐ Budget total **does not exceed $5,000**
- ☐ Proof of Canadian bank account in the applicant's name attached
- ☐ Membership Confirmation forms filled out and attached (**total of 2**)
- ☐ Standing Confirmation forms filled out, signed, and attached (**total of 3**)
- ☐ All application questions answered and areas filled out
- ☐ Declarations initialed and application signed by both contact persons
- ☐ Submitted by deadline of **Tuesday, September 29, 2026 at 2:00 pm**

FURTHER INFORMATION

For further information concerning the Akwesasne Community Fund guidelines, criteria, or application form do not hesitate to contact:

Kristy Lauzon—Special Projects Officer
MCA Administration 1 Building
12 Akwesasne Street
Akwesasne, Quebec H0M 1A0
613-575-2250 ext. 2121
kristy.lauzon@akwesasne.ca