

Combined CAP-CIP Funding Application 2025

NISICHAWAYASIIHK TRUST
Community Approval Process (CAP)

&

TASKINIGAHP TRUST
Community Involvement Process (CIP)

**Applications must be received by the
Nisichawayasihk Trust Office no later than
5:00 p.m. on September 15, 2025**

LATE APPLICATIONS WILL NOT BE CONSIDERED UNDER ANY CIRCUMSTANCE

Title Of Proposal	Applicant	Date Submitted

Nisichawayasihk Trust Office

Nelson House, MB
R0B 1A0
204-484-2604
Fax 204-484-2588

A digital template of this application is available on the Nisichawayasihk Cree Nation Trust Office Website @ ncncree.com or can be emailed to you. If you need assistance to complete this application form, please contact Trust Coordinator at 484-2604.

1. Information About You

Please note you will need a letter of support from an organization's director, assistant director or senior manager of the organization or company or chairman of board to complete this application. If you need more space, please attach extra sheets of paper to the end of the application form.

Contact Person	
Surname: _____	First Name: _____
Position: _____	Organization: _____
Address: _____	Postal Code: _____
Telephone: _____	Fax: _____
Email: _____	_____

2. Information about Your Project or Program

A. BASIC INFORMATION

- Title of your proposal: _____
- What is the total amount of funding you are applying for? _____
- What does the funding application support? (Select one) _____
 Event Capital Project Program
- Where will the project, program or event be based? _____
- What is the duration of your project, program or event? _____

	LENGTH	START DATE	END DATE
CAPITAL PROJECT			
PROGRAM			

(Programs typically run an entire year, please simply indicate length as 12 months; however if your program is time specific indicate a proposed start and completion date).

B. OBJECTIVES & OUTCOMES

1. What are the objectives of the project or program? Please identify from the work plan in the chart below.

2. Please state specific outcomes or deliverables from the program;

OUTCOMES/ DELIVARABLES	
SPECIFIC	OUTCOMES
1. How many people will benefit directly from this project, program or event?	
2. How many jobs will be created during this project, program or event?	Full-time: Part-time:
3. How many jobs will be created after completion of this project, program or event?	Full-time: Part-time:
OTHER	

3. Who will your project, program or event primarily serve? (Check as many as applicable)

- Resource Users
 - Women
 - Men
 - Special Needs Population (specify)
 - Elders
 - Youth
 - Children
 - Other (specify)
- All Community Members and Businesses

C. PROJECT/PROGRAM MANAGEMENT

1. A) Which department, organization or entity has supervisory responsibility for this program or project?

b) Who is the manager or director?

c) Have you included a letter of support from a senior manager of a department, organization, or entity? Yes or No

2. a) Who is the program manager for this program, project, or event?

b) How many years or relevant management experience does the program, project, or event manager have?

c) Please describe your program, project, or event manager's previous management experience.

(Resume is optional)

EXPERIENCE	LENGTH	DUTIES PERFORMED
1.		
2.		
3.		
4.		

D. FUNDING PROVISIONS

1. Status of the Funding Request

- a) First time request for funding? Yes No
- b) Request for renewed funding? Yes No
- c) Request for one-time funding? Yes No
- d) Have received funding for other projects? Yes No

If yes, please specify the most recent project?

2. Are you requesting the CAP-CIP funding be transferred to your own department, organization, or entity Finance department? Yes No

3.

a) **If yes**, is your finance department or financial reporting system certified by an auditor and complies with Public Sector Accounting Standards? Yes No

3. Co-funding will enhance your chances of getting funding from the Trusts. Consider accessing other federal/provincial and local sources of finances and support. (i.e., HRDA, Social Assistance) If you are receiving financial support from other sources, please complete the Co-funding Chart below:

CO-FUNDING WORKSHEET							
Organization Name	Type of Support (Check one)			Value of Contribution	*Purpose of contribution	Contribution start date	Contribution end date
	Grants	In-Kind	Fundraising				
				\$			
				\$			
				\$			
**Total Value				\$			

*For example purpose of contribution: (equipment lease or purchase; or in-kind contribution such as free office space).

**Total Value of Co-funding to be inserted into Budget Revenue Worksheet (Appendix A)

4. Does this application include a funding request for costs associated with operations and maintenance? Yes No

a. *If yes, please complete the Operation & Maintenance Worksheet (Appendix B)*

5. Does this application include funding for capital construction? Yes No

a. *If yes, please provide information required in Appendix C.*

E. PROGRAM OR PROJECT BUDGET

Applicants are required to submit a budget for their program, project, or event in accordance with the budget worksheet contained in Appendix A. The summary data from the budget worksheet should be provided in the form below;

Budget	1st Quarter Jan to Mar	2nd Quarter Apr to Jun	3rd Quarter Jul to Sept	4th Quarter Oct to Dec
REVENUE				
EXPENSES				

Applicants are required to submit quarterly reports on budget expenditures, before an advance for the next quarter is provided. Unless there are very special circumstances funds will not be advanced until the forms are received.

F. PROGRAM, PROJECT OR EVENT PLANS

Please complete the standardized work plan as outlined in Appendix D. The activities in each quarter should be clearly specified because you will be required to provide progress on activities in each quarterly report.

3. Signature

I certify the information contained in this application is true to the best of my knowledge and I agree to allow the Trust Office to verify the information in this application.

APPLICANT

Signature: _____ Date: _____

Please Print Name: _____ Position: _____

PROGRAM/PROJECT OR EVENT MANAGER

Signature: _____ Date: _____

Please Print Name: _____ Position: _____

I have attached a letter of support from my senior manager, director, assistant director or chair of board of an organization. Yes No

4. Application Checklist

I understand that the CAP- CIP Committee will not accept this application unless the following prerequisites are completed.

Answered all the questions

Completed Appendix A — Budget Worksheets (page 8 & 9)

Completed Appendix B — Operations & Maintenance Worksheet (If applicable)

Completed Appendix C — Architectural Plans for Capital Projects (If applicable)

Completed Appendix D — Proposed program, project or event work plan report (pg. 14)

Completed Appendix E — Evaluation Procedures (page 15)

Letter of support from your senior manager

Typed Application

Please remember to sign and date the application form and ensure the Trust Office receives it before the deadline.

Appendix A: Budget Worksheet

BUDGET REVENUE WORKSHEET				
	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Trust Funds applied for				
Other Revenue from Co-funding Worksheet				
*Other Revenue				
**Total Revenue				

* Please specify the source of other Revenue.

** Transfer these amounts to the table in Section D (3).

EXPENSES

Please refer to “Explanation of Expense Items” on the following page to assist you in the completion of the expense worksheet.

BUDGET EXPENSES WORKSHEET				
Estimated Expenses	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Salaries				
Benefits				
Travel				
Human Resources & Consultant Fees				
Honoraria				
Training/Professional Development				
Meeting Room & Office Rental				
Administrative Costs				
Audit & Evaluation				
Program Supplies & Resource Materials				
Equipment Rental				
Transportation Costs				
Advertising/Marketing Costs				
Other Costs(specify)				
*Total Expenses	\$	\$	\$	\$

* Transfer totals to the table in Section E.

EXPLANATION OF EXPENSE ITEMS

Salaries and Benefits

Provide a list of employee positions and whether the job is full- or part-time. This category is for employees and doesn't apply to consultants and contractors.

Benefits

This applies to the costs of the employer's contribution, both statutory and benefit plans as prescribed by the federal and provincial governments and/or employer. The percentage of benefits applied against gross salaries may include the employers' costs in relation to Canada Pension Plan, Employment Insurance and mandatory holiday pay in lieu of leave (especially for part-time or casual employment positions), severance pay, termination benefits and other benefits by the employer such as RRSPs and life insurance.

Travel

This applies to all work-related travel by employees.

Human Resources and Consultant Fees

Provide a list of contract positions and whether the work is full-time or part-time. If part-time, please show the approximate number of hours worked per week and include the hourly or per diem rate.

Honoraria

This is a gift of money to thank Elders, helpers, speakers or others who are not consultants.

Training and Professional Development

Please list the type of training and who benefits in your workplan.

Meeting Room and Office Rental

This refers to rent and utilities.

Administrative Costs

This includes bookkeeping fees, postage, stationary, clerical expenses, such as faxes, phone calls, photocopies etc.

Audit & Evaluation

This includes the costs associated with the production of audit and evaluation materials.

Program Supplies and Resource Materials

This includes such items as flip charts, visual aids, books etc.

Equipment Rental

This includes phones, cell phones, faxes, photocopiers, computers, printers etc.

Transportation Costs

This includes the costs of participants' travel.

Advertising/Marketing

If the funding is to be used to produce materials, specify what you will be producing, such as a pamphlet, brochure etc.

Other Costs

This could include other costs such as, insurance, and other budget expenses you identify.

Appendix B: Operations and Maintenance

1. Will there be additional funding for O & M from sources other than the Trusts?

Yes No

2. what are the sources? (Please provide as much detail as possible and complete Appendix A - Co-funding Worksheet.)

3. Has an application for additional funding for O & M funding been made to other funding sources?

Yes No

a. **If yes**, has the application for O&M been approved?

Yes No

b. **If yes**, I have attached commitment letter(s) from the funding sources.

Yes No

4. Has O & M been provided from the Nisichawayasihk and/or Taskinigahp Trust previously for this project?

Yes No

a. **If yes**, how much was provided each year?

YEAR: _____ AMOUNT: _____

YEAR: _____ AMOUNT: _____

5. How long will O & M funding be required from the Trusts? _____

6. Is your application for O & M funding over \$100,000

Yes No

a. **If yes**, please complete a detailed O&M budget. Please provide supporting documents, such as invoices, receipts or a report or letter from a qualified person, such as an accountant, auditor or professional engineer to support the justification for the expenditure.

Appendix C: CAPITAL PROJECTS (When applicable)


1. LAND: Please provide a description of the land? (Please also provide supporting documentation, such as a copy of title, opinion of land, value etc.)

2. Where is the land located?

3. What will the land be used for?



4. How will the land be financed?



5. Have you received a commitment of financing from a lending institution? Yes No

If yes, provide copies of all letters of commitment from any financial institution.

6. Has the Lands, Environment & Resources (LER) Department approved your land selection?

Yes No

7. Did you include your approval letter from the LER Department?

Yes No

Appendix D: Program or Project Work Plan

GUIDELINES TO HELP YOU PREPARE YOUR PROJECT, PROGRAM OR EVENT WORK-PLAN

Your work plan should be able to answer the following questions:

- **What is the title of your project, program or event?** Your title should be descriptive of your program or project.
- **What is the overall goal of the initiative?** This is the purpose and aim of the program or project.
- **What are the objectives?** These are the steps the initiative takes towards achieving your goal.
- **What is the strategy?** Describe the methods and activities being carried out to achieve each of the objectives.
- **What are the deliverables of the objectives?** There should be a deliverable for each objective. This could include such things as an estimate of how many people will take part or benefit directly from the activity.
- **What is the timeframe of the program or project?** How long will your project, program or event take.
- **How much will it cost?** Please specify how much the overall project or program will cost and include it in your plan.
- **Who will manage the project?** Give the name and qualifications of the person who will be managing the project to demonstrate they have the necessary background to meet the objectives.

If you have any questions regarding the development of your plan, please contact Trust Coordinator, Trust Office at 484-2604.

WORKPLAN (OPERATIONAL PLAN – Appendix D)

You can use this table to organize your operational plan:

Title of the Project					
Goals					
1. Provide nightly patrol community safety					
2. Enforce all community by-laws where applicable					
Objectives <i>(Use bullet points)</i>	Strategies <i>(Briefly describe)</i>	Deliverables <i>(Briefly describe)</i>	Timeframe <i>(State how long)</i>	Cost <i>(Amount)</i>	Manager <i>(Name and title)</i>

If you have any questions regarding the development of your plan, please contact Trust Coordinator, Trust Office at 204 - 484-2604.

Please specify how you intend to evaluate the program or project;

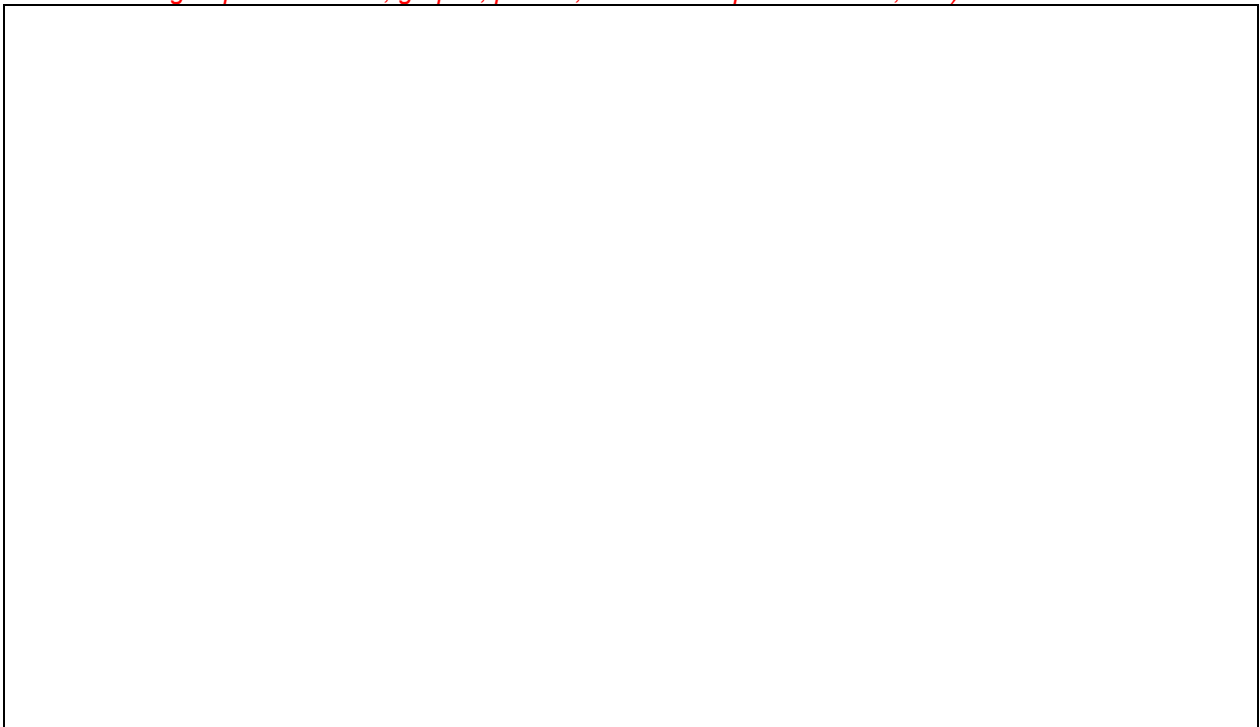
- a. **User Evaluation** – *(Feedback from those involved in the program, project or event).*

- b. **External Assessment** – *(Feedback from individuals who have knowledge of such programs, projects or events).*

- c. **Quantative Data** – *(Should include statistical information such as the number of participants involved in a program, the number jobs created, or specific documents or materials which are produced).*



- d. **Qualitative Data** – *(Should include information received from groups, interviews, observations, focus group discussions, graphs, photos, PowerPoint presentations, etc.)*



Should your application be selected, you will be required to provide written quarterly reports and year-end report, your plan will need to include information about how you plan to evaluate and report your progress.

Your quarterly report should answer the following questions:

- Are we on track with our project plan? If not, why not and what can we do to stay on schedule?
- Did we do what we said we would do in our proposal?
- What did we learn about what worked and what didn't work in this program, project or event?
- What impact did our project make in addressing the needs of our community?
- What can we do differently to improve the outcomes?

NOTE: Outcomes Analysis or Deliverables – Be prepared to report on outcomes or deliverables which were promised in the original proposal.

5. SUMMARY OF FUNDING PROCESS

- The Nisichawayasihk Trust was created in 1996 in connection with the 1996 NFA Implementation Agreement. This Trust includes provisions for Community Approval Process (CAP) to decide how Funds Available from this Trust will be spent every year.
 - The Taskinigahp Trust (the Trust created in conjunction with the Wuskwatim Project) provides for a Community Involvement Process (CIP) to decide how Funds Available will be spent.
 - Proposals may be submitted on behalf of NCN entities and corporations for programs, projects or events to be funded by revenue from either or both Trusts. A combined CAP-CIP committee will consider all applications, and make annotated summary recommendations to Chief and Council about spending Funds Available from both Trusts.
 - Both trusts allocate funds to support a variety of community projects, programs, or events. Funding applications are reviewed and discussed at one or more public information meetings to determine their merit and consistency with the criteria of the Trusts, and NCN's long-term priorities.
 - Consideration will be given to projects that create, sustain and improve community infrastructure and or address the community's social, education, economic, cultural and physical needs. Projects must have the maximum impact on job creation within the community.
 - It is not intended that the Trusts be the sole source of funding for large or multi-year projects. The Trusts can supplement funding from the federal government or other sources.
 - Applications for funding can be made up to September 15, 2024
 - A combined CAP-CIP committee appointed by Council will review all qualifying applications by December 10th, 2024
 - Council shall meet with the committee to review and approve the committee's recommendations by December 20th, 2024
 - Final allocations may be discussed at a Meeting of Members in the 2nd week of December 2024 , prior to formal adoption by Chief and Council.
 - Funding decisions are expected to be made by December 20, 2024 and allocated to successful applicants starting in mid-January 2025.
 - The Trusts normally disburse funds on a tri-yearly basis, once the Trust Office receives the required quarterly financial statements and written narrative reports from the applicant (April, July, October, January 15th); however depending on monies available to the Trust Office funding can be provided on a different basis if there is a clear indication that the project requires funding for a specific time or purpose. (i.e. summer program)
 - All approved applicants must provide quarterly reports and a year –end narrative report.
 - The payments for approved projects or programs can be made in advance, providing an annual budget and work plan have been submitted.
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This is a summary of the funding process. Please see the 1996 NFA Implementation Agreement and the Taskinigahp Trust Indenture (a schedule to the Wuskwatim Project Development Agreement) for full details.

- Application must be typed and submitted electronically, and hard copy submitted to the Trust Office in a sealed envelop.

- Only applications from a representative of a recognized NCN organization or corporation will be accepted. (Applications on behalf of an organization or company must be supported by a letter from the director, assistant director or senior manager of the organization or company).
 - Applications for personal gain will not be considered.
 - A financial or budget statement indicating expenses and anticipated sources of revenue must accompany the application.
 - Applications must demonstrate the ability to manage and administer the project, program or event otherwise they will be rejected.
 - List the policy that will govern your program or project.
 - **Only completed application forms will be considered for funding. To be considered complete, the application must be signed, all questions must be answered and all required documentation (such as three quotes for capital purchases (vehicles, equipment, building supplies)) must be attached.**
 - **Subsequent applications for funding will only be considered once the required written reports, which contain both narrative and financial information, have been received by the Trust Office by the application deadline.**
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DEADLINE AND DELIVERY OF PROPOSALS

- Applications must be submitted at the Trust Office by 5:00 p.m. on September 15, 2024.

LATE APPLICATIONS WILL NOT BE CONSIDERED UNDER ANY CIRCUMSTANCE

- The Trust Office is not responsible for any delays caused by the late deliveries of couriers, Canada Post, technical difficulties, internet, etc.
- Applications rejected for whatever reason, will not qualify for reconsideration and must be resubmitted as a new application next year.

To ensure fairness in the CAP-CIP process, the Trust Office will not make any exceptions to these filing requirements. There may be more applications than funds available. If your proposal is not accepted, please apply again next year.