



## KÁI TAILÉ DENESOĀINE TRUST 2025 FUNDING PROPOSAL APPLICATION

### 1.0 APPLICANT INFORMATION:

- 1.1 Applicant's Name \_\_\_\_\_
- 1.2 Mailing Address \_\_\_\_\_
- 1.3 Email Address \_\_\_\_\_
- 1.4 Phone Number \_\_\_\_\_

### 2.0 PERMITTED PURPOSES:

The Kái Tailé DenesoĀine Trust Deed only permits the distribution of funds of the 'Permitted Purposes.' Please select all applicable 'Permitted Purposes' of this proposal. In Appendix A: Details of Selected 'Permitted Purposes' (on Page 9 of this document), please explain the details of each selected 'Permitted Purpose'

#### 2.1 Community Planning

- Proposals that enhance community planning

#### 2.2 Health and Welfare

- Promotion of the health and wellbeing of ACFN members
- Health workshops or programs
- Mental Health and Addictions workshop or programs
- Other Proposals that promote the health and wellbeing of ACFN members

#### 2.3 Community Housing Needs

- Addresses community housing needs
- Other proposal that improves community housing needs

**2.4 Language, Culture, and Tradition**

- Cultural promotion and Awareness
- Cultural and Traditional arts
- Language protection
- Other proposals that preserve or protect the language, culture, and tradition.

**2.5 Land and Environmental Protection**

- Land protection and study
- Science Camps
- Land Protection programs
- Other community-based environment projects that enhance ACFN's environmental priorities

**2.6 Community Infrastructure**

- Building, establishing, or operating community facilities
- Community works or infrastructure
- Other projects that improve community infrastructure

**2.7 Educational Opportunities**

- Scholarship and/or bursary funds for ACFN members
- Trade, apprenticeships, and internship programs
- Educational and experiential learning programs (i.e. field trips)
- Educational curriculum development
- Other projects that improve educational opportunities

**2.8 Business and Economic Opportunities**

- Business development
- Capacity building
- Other projects that improve business and economic opportunities

**2.9 Other ACFN Member Needs**

- Other projects that meet the needs of ACFN members as endorsed by Chief and Council.

**3.0 THE PROPOSAL:**

3.1 **Proposal Name** \_\_\_\_\_

3.2 **Start Date** \_\_\_\_\_

3.3 **End Date** \_\_\_\_\_

**3.4 Proposal Description**

3.4.1 Describe the goal of your proposal? \_\_\_\_\_

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3.4.2 Describe the timeline of the project. \_\_\_\_\_

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3.4.3 Describe how your proposal will provide services to your community.

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3.4.3a What are the services? \_\_\_\_\_

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3.4.4 Describe how your proposal will provide benefits to your community.

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3.4.4a What are the benefits? \_\_\_\_\_

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**3.5. Will the proposal create any new jobs?**

- Yes
- No

3.5.a If yes to the previous question, how many new jobs will be created?

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3.5.b How long are those jobs likely to last?

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**4.0 PROPOSAL FUNDING AND BUDGET:**

Please list the projected expenses (e.g. contractor fees, honoraria, building materials, supplies, rent, utilities, equipment, other expenses, etc.) Attach copies of any quotes, contracts for services, and other supporting documentation including business plans. Please attach the list of additional expenses on an attached separate paper (if needed).

**4.0.1 Total Proposal Cost**                    \$ \_\_\_\_\_

**4.1 Other Sources of Project Funding**

4.1.1 Is your proposal eligible from other sources (e.g. federal or provincial government funding)?

- Yes
- No

4.1.2 Have you applied for other funding?

- Yes
- No

4.1.3 If yes to 4.0.2, are additional funds required to complete the proposal?

- Yes
- No

4.2 If there is no funding available from other sources, you must provide documentation to show that you have investigated and/or have been refused funding from other sources.

<b>Funding Source Investigated</b>	<b>Amount Requested</b>
_____	\$ _____
_____	\$ _____
_____	\$ _____

4.2.1 Please list all your other sources of funding. Attach copies of any commitment letters, correspondence, and other supporting documentation. Please specify the amount and whether funds have been requested, committed, or received.

<b>Other Funding Sources</b>	<b>Amount Requested</b>	<b>Committed</b>	<b>Received</b>
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

**4.3 KTDT FUNDING**

4.3.1 How much money have you requesting from the KTDT? \$ \_\_\_\_\_

<b>4.4. Description of KTDT Expenses</b>	<b>Amount</b>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>TOTAL EXPENSES</b>	\$ _____

**5.0 PROJECT ADMINISTRATION**

- 5.1 Describe the project management structure. Who are the key individuals? What are their roles?
- 5.2 Please identify the organization that would receive and be responsible of the funds in the event the proposal is approved for funding.

**6.0 REPORTING**

6.1 Financial Information

- 6.1.1 Please identify the person/organization that will receive the funds.

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- 6.1.2 Please identify the person/organization who will administer the funds if this proposal is approved for funding.

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- 6.2 Any misrepresentation or misuse of funds could affect your ability to receive funds from the Trust in the future.

**7.0 DOCUMENTATION**

- 7.1 Are you providing additional information to support your application?

- YES
- NO

- 7.1a If Yes to the previous question, please list all documents you are submitting with your application.

- 1. 

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- 2. 

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- 3. 

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**8.0 ADDITIONAL INFORMATION**

8.1 Are there any additional categories you would like to see added to this application?

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**9.0 TERMS AND CONDITIONS**

9.1 If successful, do you consent to having your proposal published on the KTDT website?

- Yes
- No

9.2 As an applicant that is approved for funding by the KTDT agrees to abide by the Terms as detailed in the Trust’s Permitted Purposes.

9.3 If you agree with the terms and covenant that the information provided above is true and accurate. Please sign below.

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Name of Applicant (Print) Title (if applicable)

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Applicant’s Signature (or Authorized Representative) Date

If you have any questions about completing this proposal, please contact the **Káí Tailé Denesołine** Trustees for assistance:

Rosanna Cyprien	780 881 7228	<a href="mailto:Rosanna.Cyprien@ACFN.com">Rosanna.Cyprien@ACFN.com</a>
Anthony Ladouceur	780 792 9649	<a href="mailto:anthony_ladouceur@me.com">anthony_ladouceur@me.com</a>
Julia Cardinal	780 381 3009	<a href="mailto:julia.cardinal02@gmail.com">julia.cardinal02@gmail.com</a>
Patrick Flett	780 370 2148	<a href="mailto:patrick.flett@acfn.com">patrick.flett@acfn.com</a>
Cora Voyageur	587 223 4045	<a href="mailto:voyageur@ucalgary.ca">voyageur@ucalgary.ca</a>

**The deadline for proposal submissions is 12:00 midnight on May 23, 2025.**

Please email this completed proposal application and the completed ‘Cover Sheet’ to: [voyageur@ucalgary.ca](mailto:voyageur@ucalgary.ca) OR [Jamie.Catterall@BMO.com](mailto:Jamie.Catterall@BMO.com). You can also drop your completed proposal off in-person at the ACFN office.

**Appendix A: Details of Selected ‘Permitted Purposes’**

Please explain the details of each selected ‘Permitted Purposes’ and attach additional pages if needed.

Name and details of Permitted Purpose #1: \_\_\_\_\_

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Name and details of Permitted Purpose #2: \_\_\_\_\_

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Name and details of Permitted Purpose #3: \_\_\_\_\_

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