



BIGSTONE CREE NATION

2023 TRUST PROPOSAL

APPLICATION

PART A – Information About You	Date:
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The following information is essential for approval and for **BCN Trust Administration** to contact you.

Project Director: Albert Gladue	Treaty No:
Address: P.O. Box 510	City/Town: Wabasca
Province: Alberta	Postal Code: T0G2K0

Telephone Number: 780-891-2072	Cellular Phone: 780-260-0816
	Email address: albert.gladue@bigstone.ca
Fax Number: 780-891-2155	

Which Trust classification are you applying to access funding?
 (Check off only one Trust Fund category, with amount requested for that category)
 Please note that all application submissions need to be in by
January 15, 2023 at 11:50 pm, no exceptions.
 (It is recommended to submit all proposals 5 business days prior to deadline)

Bigstone Cree Nation Department
 Members at Large/Committee

BCN Trust Off-Reserve Members Calling Lake Chipewyan Lake Wabasca/Desmarais

Team Member	Position on Team	Roles and Responsibilities	Signing Authority
Albert Gladue	Manager	Oversee the overall project	<input checked="" type="checkbox"/>
Brandon Gladue	Coordinator	Coordinate the project	<input checked="" type="checkbox"/>
Cheryl Young	Coordinator	Coordinate the project	<input checked="" type="checkbox"/>
Tyrone Gullion	Coordinator	Coordinate the project	<input checked="" type="checkbox"/>

Part B – Information About Your Project
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BIGSTONE CREE NATION

2023 TRUST PROPOSAL

APPLICATION

IMPORTANT

Please note that this form is required for formal reviews of the project by the Trustees and Chief & Council and from time-to-time, Bigstone Cree Nation Members. It is also necessary if the Accountable Body is requested to make decisions that materially affect the project, including changes or modifications to the original plan. It is the responsibility of the Project Director to complete the form, assisted by the Project Team or Society/Committee.

Executive Summary

Title of your proposal: Off Reserve Emergency Fund

Project

Start Date: July 2023 **Expected end date:** July 2024

Executive Summary

This Summary gives the reader a concise overview of the project’s purpose; the team’s research; progress; and process of the project. Summarize the importance of the project and its main objective.

Opasikoniwew Housing Authority’s main objective is “committed to the pursuit of the highest quality of life for all its members”.

Unforeseen emergencies can occur that require immediate financial assistance. These unexpected issues can have a significant negative impact on our Members not only financially but mentally as well. OHA receives numerous calls and letters from off-reserve Members requesting assistance for various housing related emergencies. Some examples of the calls we receive are; requests to assist with damage deposit and/or rent, hotel rooms for those who have experienced disasters e.g. house fires, funds to replace hot water bottles, and ramps for disabled or elderly, to name a few.

Description

Describe the nature of the project, it’s overall goal and value to the Membership and to the Community. Be concise and brief without sacrificing the necessary details. Start your message with a brief introductory sentence followed by bullet points to highlight the purpose of the project.

Goals of your proposal

You should provide data that describes relevant statistics and qualitative observations that outline the requisites of your project. Make it easy for the reader to understand why your project is important, how it is uniquely suited to address a specific challenge/barrier and how it will meet the needs of Membership and the Community.



BIGSTONE CREE NATION

2023 TRUST PROPOSAL

APPLICATION

The overall goal of this proposal is to provide some assistance for our off-reserve Members unforeseen housing related emergencies. This proposal would not include major renovations.

- To help cover the cost of damage deposit or rent for those who have experienced an unexpected loss of housing, or those who are trying to get back on their feet.
- Cover the cost of a hotel room for those who have experienced disasters, such as house fires etc. for a determined amount of time.
- Help with the cost of a hot water bottle or furnace for home owners. (Water and heat being essential for a healthy standard of living). Must provide proof of home ownership.
- Ramps for the elderly or disabled
- Other emergencies as determined by OHA

Target

Timelines and outcomes for each Quarter (provide a brief summary):

July-September

- Emergency Assistance would be provided as requested, until funds have been depleted.

October-December

- Continuation of assistance for emergency requests for off-reserve Members, until funds have been depleted.

January-March

- Continuation of assistance for emergency requests for off-reserve Members, until funds have been depleted.

April-June

- Continuation of assistance for emergency requests for off-reserve Members, until funds have been depleted.

Result:

Evaluation Plan: What results do you expect to achieve over the course of the project? How will you know when the project is completed that your goals and objectives have been met?

List the resources needed for the project:

Describe the manpower, tools and resources being utilized to achieve the goals of the project.

- Briefly describe the activities and methods you/your team will employ to achieve your goals and objectives.



BIGSTONE CREE NATION

2023 TRUST PROPOSAL

APPLICATION

Which departments will oversee specific aspects of the plan and what programs or information are they using?

- What results do you expect to achieve?
- What criteria will you be using to measure success?
- Will you be subcontracting out? Briefly describe who, when, where, why and how?
- The reader should be able to understand who manages certain deliverable.
- **Members at Large will need WCB and Insurance to undergo Trust Proposal Projects.**
- **Monies received from Trust will go toward emergency requests. This does not include major renovation work.**
- **This proposal is submitted by OHA and will be administered by OHA. The result we expect to see is the standard of living go up for our off-reserve Members.**

Project End Evaluation by the Administrator:

Indicate below which category your proposal request fall under:

- | | |
|--|-------------------------------------|
| • Community Development ** | <input checked="" type="checkbox"/> |
| • Health Care | <input checked="" type="checkbox"/> |
| • Education and Training | <input type="checkbox"/> |
| • Elder Care | <input checked="" type="checkbox"/> |
| • Infrastructure improvement | <input checked="" type="checkbox"/> |
| • Preserving culture and language | <input type="checkbox"/> |
| • Community activities development | <input type="checkbox"/> • Economic |
| • Cultural enrichment | <input type="checkbox"/> |
| • Protection of aboriginal identity and Treaty Right | <input type="checkbox"/> |

If you have chosen **Community Development, which additional categories does your proposal request fall under?

- Improve health and well-being (emotional, physical, mental, spiritual)
- Benefits from improving awareness of culture, traditions, identity
- Networking-building relationships with the community and outside the community



BIGSTONE CREE NATION

2023 TRUST PROPOSAL

APPLICATION

- Creating temporary jobs
- Occupational training and development of infrastructure
- Opportunity for creating greater economic independence

What research and/or studies have you/your team completed to determine the requirements of membership or the community, that this proposal will provide?

- No research or studies have been conducted. However, the amount of phone calls and letters our office receives regarding assistance for our off-reserve Members is great. A majority of our Bigstone Members live off-reserve. It is important that we take care of all of our Members. OHA wants to be inclusive of all Members, regardless of where they live.

Projected Budget

How much money are you/your team requesting with this proposal? **\$100,000**

Have you included a Cash Flow budget? Yes No

If you checked off “no” please explain why you didn’t submit a Cash Flow budget?



BIGSTONE CREE NATION

2023 TRUST PROPOSAL

APPLICATION

BIGSTONE CREE NATION TRUST - Off-Reserve Emergency Fund													
BUDGET 2023/2024													
REVENUE	APRIL	MAY	JUNE	JULY	AUGUST	SEPT.	OCT.	NOV.	DEC.	JAN.	FEB.	MAR.	TOTAL
Off Reserve Trust			100,000										\$100,000.00
TOTAL REVENUE													100,000
EXPENDITURES													
Material and supplies													50,000
Labour													50,000
TOTAL EXPENDITURES													100,000

Have you/your team approached any other funding agencies prior to approaching BCN Trusts? Yes

No Yes

If you checked off “yes”, please provide the details of the request, what amount was negotiated and what amount was approved. If the request was denied, please explain why it was denied.



BIGSTONE CREE NATION

2023 TRUST PROPOSAL

APPLICATION

*Add additional sheets as needed

Is the funding request from BCN Trusts to be used with any other funding source(s) or partner(s)?
Yes No

If you checked off “yes”, identify the funding source or partner: _____

What is the % breakdown of funding from other source(s) or partner(s)?

BCN Housing	0 %
BCN Trusts	100 %

Quarterly Report

If you/your team do not submit the first (1st) quarterly report within the first three (3) months of starting the project and subsequent quarterly reports thereafter until the conclusion of the project, your funds may be suspended indefinitely at the phase, the delinquency had been committed.

Definition

Quarterly means every three (3) months.

Summary/Evaluation Report:

It is equally important to submit the final Summary/Evaluation report at the end of the project.

IMPORTANT to KNOW

BCN Trusts will no longer tolerate negligence, procrastination and non-compliance.

1. The consequence for irresponsible acts of postponement, may be a “rejected proposal” by the Trustees and Chief & Council because of non-performance.
2. It is equally important to RETURN assets (property/equipment etc.) back to Bigstone Cree Nation when such items are purchased with BCN Trust funding, at the end, of the project.
3. Trust Administrator will conduct a Project End Evaluation Report.

When the Project Director undertakes to coordinate a project, it is his/her responsibility to comply with the requirements of the program and to ensure that his/her Team conforms.

BCN Trusts is responsible to Membership, the Trustees and to Chief & Council.



BIGSTONE CREE NATION

2023 TRUST PROPOSAL

APPLICATION

Albert Gladue

Print Name

Signature

Incomplete applications will not be accepted.