

<b>PART A</b> – Information Abou	t You			Date:	
The following information is	essential for approva	l and for <b>BC</b>	CN Trust Ad	ministration to conta	act you.
Project Director:		Lorna Auge	er .	Treaty No:	
Address:	Box 960	Cit	y/Town:	Wak	oasca
Province:	AB	Pos	stal Code:	T0G	2K0
Telephone Number:	7808917332	7808913 	3836	Cellular Phone:	
Fax Number:address:			auger@bigst	Email tone.ca	
(Check Please (It is re	ich Trust classificatio k off only one Trust Fund of note that all application January 17, 2022 at 1 commended to submi ee Nation Department	category, with a on submissi 1:5p pm, no t all proposa	amount requesterions need to be exceptions.  als 5 business	d for that category) be in by	e)
BCN Trust □ 0ff-Reserve N	Members □ Calling	g Lake 🗆 0	Chipewyan La	ake 🗆 Wabasca/Des	marais 🗆
	Position o	n	Ro	oles and	Signing
Team Member	Team		Resp	onsibilities	Authority
Lorna Auger	Project Director		Managemen	t Duties	lacktriangledown
Corrine Cardinal Project Coo	rdinator Coordinate F	-unerals □	Natasha Ca	ardinal Admin Supp	ort V



Shannon Ladouceur-Alook	Admin Support	Administrative Dution	es	
Part B – Information Abo	out Your Project			
from time-to-time, Bigstone make decisions that materia responsibility of the Project	e Cree Nation Members. I lly affect the project, inclu	ws of the project by the Trust t is also necessary if the Accuding changes or modificatio form, assisted by the Project	ountable Body ns to the origin	is requested to nal plan. It is the
Executive Summary  Title	of	your		proposal:
Funeral Costs Subsidy Start Date:July 2022	Project Expec	cted <b>end date:</b> July 202	Bigstone	Cree Nation
, ,		of the project's purpose; the the project and its main object		ch; progress; and
gstone Cree Nation membership	have a difficult time covering the	e remaining balance of funeral cost	ts due to other ex	Bi
vered by ISC because of the trad	itional/cultural and common way	γ of honoring Bigstone Cree Nation proposing that the members of Βίς	ı members that pa gstone Cree Natio	co ass on. n set aside this
costs for funerals.	audit trust to direct the			
	individuals that have no o	covered elsewhere to help the a ther means of paying for the ex		s or
costs				



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Add additional sheets as needed
<b>Description</b> 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.
Eventure Cross Nation we are bound a difficult time to make the warraining belongs of the function and acts due to the other
gstone Cree Nation members have a difficult time to pay the remaining balance of the funeral costs due to the other expenses not covered by ISC, because of the traditional/cultural and
common way of honoring our members that pass
on.
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*Add additional sheets as needed
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.
A barrier that Bigstone Cree Nation members come across is family members being unable to cover the remaining balance of the funeral costs due to the other expenses not covered by ISC, because of the traditional/cultural and common way of honoring our members
hat pass on. The goal of the proposal is for membership to not endure financial stress when family passes on.
Target Timelines and outcomes for each Quarter (provide a brief summary):
July-September
cover the expenses of a Bigstone Cree Nation members funeral expenses that are not covered by ISC.

October-December



	To
cover the expenses of a Bigstone Cree Nation members funeral expenses that are not covered by ISC.	
January-March	_
cover the expenses of a Bigstone Cree Nation members funeral expenses that are not covered by ISC.	Т
April-June	To
cover the expenses of a Bigstone Cree Nation memners funeral expenses that are not covered by ISC.	

<sup>\*</sup>Add additional sheets as needed



#### 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.

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.

The results we wish to accomplish is for Bigstone Cree Nation members not to endure financial stress over a famil	y members
funeral	
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xpenses. ISC through Bigstone Human Services will cover the cost if the deceased resides on reserve. Regardless if	they are receiving social
assistance or not, as long as they are a member of the Bigstone Cree Nation. ISC covers up to \$4000,	_
with a maximum of \$5000 depending on the funeral home or other factors.	
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WA 1111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
*Additional sheets as needed	



Project End Evaluation by the Administrator:		
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<del>-</del>		
Indicate below which category your proposal request fall under:		
• Community Development **		$\checkmark$
• Health Care		
Education and Training		
• Elder Care		
Infrastructure improvement		
Preserving culture and language		,
Community activities		
Economic development		•
• Cultural enrichment		
Protection of aboriginal identity and Treaty Right		
**If you have chosen <i>Community Development</i> , which additional categories does younder?	our prop	posal request fall
• Improve health and well-being (emotional, physical, mental, spiritual)		$\square$
• Benefits from improving awareness of culture, traditions, identity		
• Networking-building relationships with the community and outside the community		$oldsymbol{oldsymbol{\boxtimes}}$
• Creating temporary jobs		<b>/</b>
Occupational training and development of infrastructure		$\underline{M}_{A}$
Opportunity for creating greater economic independence		Y
What research and/or studies have you/your team completed to determine the requirement community, that this proposal will provide?	nts of m	nembership or the
The membership department has provided the approximate number of Bigstone C	ree Natic	on membership deaths
per month and portions		



f funding from both departments, Bigstone Cree Nation Human Services and Membership.
*Add additional sheets as needed
Add additional sheets as needed
Projected Budget
How much money are you/your team requesting with this proposal?
\$198,400
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?
If you checked off the please explain why you didn't subliff a Cash Flow budget?
*Add additional sheet as needed
Have year/years toom annuaghed any other funding against a sign to annuaghing DCN Trusts?
Have you/your team approached any other funding agencies prior to approaching BCN Trusts?
Yes $\nabla$
No 🗆
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.
was approved. If the request was defiled, please explain why it was defiled.



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Add additional sheets as needed			
s the funding request from BCN Trust	s to be used wit	th any other fund	-
			Yes ☑ No □
f you checked off "yes", identify the f	unding source of	or partner:	
What is the % breakdown of funding fi	rom other sourc	e(s) or partner(s	\$)?
What is the % breakdown of funding fi	rom other sourc		8)?
100/	rom other sourc		

#### **Quarterly Report**

If you/your team do not submit the first (1<sup>st</sup>) 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 Administator will conduct an 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 Trus	stees and to Chief & Council.
	Lorna Auger
Print Name	Signature
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Incomplete applications will not be accepted.

#### BCN Funeral Subsidy Budget 2023

### **Expenses Not Covered**

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