



Curve Lake

Gaming Revenue Fund

STATEMENT OF INTENT

The Statement of Intent is used to assess applicant and project eligibility. Please review the GRF Guidebook prior to completing this form to ensure all criteria has been considered.

PROJECT TITLE : _____

Curve Lake Gaming Revenue Fund

22 Wiinookeedaa Road

Curve Lake, ON K0L 1R0

Email: gamingrevenuefund@curvelakefn.ca

Phone: (705) 657-8045

Fax: (705) 657-8708

PART A: APPLICANT ELIGIBILITY (Page 1 of 2)

ARE YOU APPLYING AS (check one):

- Group / Corporation
- Department / Committee

LEAD APPLICANT:

NAME	
ADDRESS	
PHONE #	
EMAIL	
DATE OF BIRTH	
CLFN STATUS #	

Would you be willing to provide a credit check? YES NO

Do you currently have outstanding debts with CLFN? YES NO

Is this your first time applying to the Gaming Revenue Fund? YES NO

(preference will be given to first time applicants)

CO-APPLICANT (required if applying as a Group/Corporation or Department/Committee):

NAME	
ADDRESS	
PHONE #	
EMAIL	
DATE OF BIRTH	
CLFN STATUS #	

PART A: APPLICANT ELIGIBILITY (Page 2 of 2)

GROUP / CORPORATION

<i>NAME OF GROUP /</i>	
<i>ADDRESS</i>	
<i>PHONE #</i>	
<i>FAX #</i>	
<i>EMAIL</i>	

Is this Group / Corporation recognized by Curve Lake First Nation? YES NO

DEPARTMENT / COMMITTEE OF COUNCIL

<i>NAME OF DEPARTMENT /</i> <i>COMMITTEE</i>	
<i>DEPARTMENT MANAGER</i>	
<i>PHONE #</i>	
<i>EMAIL</i>	
<i>COUNCIL CHAIRPERSON</i>	
<i>PHONE #</i>	
<i>EMAIL</i>	

Letter of support submitted from the General Manager YES NO

This project is unique and does not duplicate existing positions,
projects or programming YES NO

PART B: PROJECT ELIGIBILITY (Page 1 of 2)

PLEASE FILL IN THE FOLLOWING INFORMATION TO DETERMINE PROJECT ELIGIBILITY:

PROJECT TITLE	
PROPOSED START DATE	
PROPOSED COMPLETION DATE	
PROJECT LOCATION	

PROJECT CATEGORY (please check one):

- ECONOMIC DEVELOPMENT
- CULTURAL DEVELOPMENT
- COMMUNITY DEVELOPMENT
- EDUCATION
- HEALTH

PROJECT TYPE (please check one):

- SPECIAL EVENT
- NEW PROGRAMMING OR PROGRAM ENHANCEMENT
- TRAINING AND PROFESSIONAL DEVELOPMENT
- MULTI YEAR PROJECT / AGREEMENT (*Department / Committees of Council ONLY*)
- CAPITAL / INFRASTRUCTURE/TECHNOLOGY
- OTHER (please explain) _____

PLEASE USE THE SPACE BELOW TO BRIEFLY DESCRIBE YOUR PROJECT:

PART B: PROJECT ELIGIBILITY (Page 2 of 2)

PLEASE USE THE SPACE BELOW TO BRIEFLY DESCRIBE HOW YOUR PROJECT WILL BENEFIT THE COMMUNITY AS A WHOLE:

PLEASE IDENTIFY *PROPOSED / ESTIMATED COSTS* FOR YOUR PROJECT (ACTUAL QUOTES WILL BE REQUIRED WITH THE APPLICATION):

SUPPLIES / EQUIPMENT / SERVICES	PROPOSED COST
TOTAL PROPOSED COST OF PROJECT \$	

PLEASE IDENTIFY OTHER FUNDING SOURCES YOU HAVE APPROACHED AND / OR EXHAUSTED FOR THIS PROJECT

FUNDING SOURCE	AMOUNT REQUESTED
TOTAL AMOUNT REQUESTED FROM OTHER SOURCES \$	

10% EQUITY FOR THIS PROJECT?

\$

AMOUNT REQUESTED FROM THE GAMING REVENUE FUND:

\$

PART C: CERTIFICATION AND AUTHORIZATION

- I certify that the information in this Statement of Intent is correct, to the best of my knowledge;
- I understand the purpose of the Statement of Intent is to assess eligibility of the Applicant and the Project;
- I understand that the Gaming Revenue Fund is obligated to report all project information to Chief and Council and to the Community;
- I authorize the Gaming Revenue Fund Administrator to verify information provided on the Statement of Intent to accurately assess Project and Applicant eligibility.

Name of Lead Applicant <i>(please print)</i>	Signature	Date
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For Office Use Only:	
Date Received by GRF Administrator	
Date Reviewed by GRF Administrator	
Approval to Proceed with GRF Application Form	
Date Applicant Notified of Results	