



Neskonlith Indian Band

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Neskonlith Donation Request

This application is for: _____ **NIB Group**
_____ **NIB Individual**
_____ **Other**

APPLICANT INFORMATION:

Group/Team/Individual Name: _____

Main Contact Person (if diff. from above): _____

Address: _____

Telephone Number: _____ Band Number: _____

Legal Guardian (if applicable): _____

Address: _____

Telephone Number: _____ Band Number: _____

DONATION CLASSIFICATION:

_____ **Recreation** *An event, activity or project that creates recreational opportunities, also encourages participation in such opportunities, or develops constructive behaviour through recreation.*

_____ **Community** *An event, activity or project that creates awareness in the community, promotes unity, inclusiveness, and participation at the community level, develops or demonstrates community pride.*

_____ **Arts & Culture** *An event, activity or project that preserves, creates, or promotes Secwepemc culture or art, including traditional forms of art, language, history or spirituality.*

_____ **Other** *An event, activity or project not listed here. Details:* _____

PREVIOUS DONATIONS:

Have you received a donation from Neskonlith Indian Band this year? _____ Yes _____ No

If Yes, Date: _____

If Yes, What for: _____

Office Use Only: to be completed by Finance Department	
NIB Finance Department Confirmation: _____ Yes _____ No	
If Yes, Date: _____	
If Yes, Amount: _____	
Confirmed by: _____	Signature: _____

DONATION DETAILS:

Reason for Donation Request: _____

How will this Donation contribute to positive growth, achievement or development? _____

How will this Donation benefit the NIB community? _____

Fundraising Activities to date: _____

Costs requesting to be covered: _____

Donation Request Budget

Please fully complete Application Budget. Incomplete Applications may be denied

Costs	Amount	Notes
<i>Event Costs</i>		
Food Costs		
Preparation		
Concession		
Event Day		
Venue Costs		
<i>Travel Costs</i>		
Food Costs		
Accommodation Costs		
Mileage/Gas (km's x .23\$)		
<i>Registration Costs</i>		
Event Registration Costs		
Sport Registration Costs		
<i>Other Costs</i>		
<i>Total Costs</i>		
<i>Total Other Donations</i>		
<i>Total Fundraising</i>		
<i>NIB Donation Requested</i>		

APPLICATION ATTACHMENTS

Donation Request Budget completed: _____ Yes _____ No

Please any other proof of your project's costs.

May include invoices, receipts, statements, quotes, or any other document with similar evidence that will verify the expense of your project.

TOTAL REQUESTED: \$ _____

If event/trip/project does not happen or gets cancelled Applicant will be required to return funds donated. Failure to return funds will result in ineligibility of any future requests.

Applicant's Signature: _____ **Date:** _____

Executive Director Authorization: _____ **Date:** _____