

**Cook's Ferry Indian Band**  
**ADULT RECREATIONAL ACTIVITY SUPPORT PROGRAM**  
**Funding Policy**

Cook's Ferry Indian Band is in a position to assist and encourage adult Band members' participation in healthy recreational activities through a recreational activity support program through the Nlaka'pamux Legacy Trust (2013) Funds.

The Adult Recreational Activity Support Program has an allocation of \$50,000 per fiscal year.

Funding is available to a maximum of \$500 per individual Registered Band member 18 years or older, per fiscal year until the budget is depleted. The goal is to assist as many Band members as possible. Band members may submit applications for funding as per the following criteria.

**Eligibility:**

The following criteria must be met to be eligible for funding:

1. Be a registered Cook's Ferry Indian Band member Eighteen years and older; and
2. Submit an application with supporting documentation; and
3. Provide an invoice for direct payment to a recreational organization/facilitator; or
4. Provide a receipt for reimbursement.

**Eligible Costs:**

The following costs are eligible for funding:

1. Registration fees (examples: Gym fees, sports leagues, lessons);
2. Equipment for personal use;
3. Accommodations.

**Ineligible Costs:**

Costs not affiliated with registered recreational activities are not eligible.

Costs covered under Cook's Ferry Band or other external sponsorship/funding.

Food expenses.

Fuel expenses.

**Selection Criteria:**

In the event that there are more applications received than available funding, the applications will be selected based on the following priorities:

1. Applicants not previously funded;

**Funding Application Process:**

Funding will be allocated up to a maximum of \$500 per eligible applicant until the budget is depleted. Individuals are to fill out the Adult Recreational Activity Support Program Application in full and submit the supporting documentation to the address on the application form.

Applicants may apply for any amount up to the maximum \$500 provided an invoice from a recreational organization or facilitator or receipt from the recreational organization or

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FUNDING POLICY**

facilitator has been provided. No applications will be prepaid. Direct payment only upon receipt of invoice to facilitator.

Proof of participation in a recreational activity must be submitted for accommodation reimbursement requests. Receipts for fees and equipment must accompany applications for completeness. Applications will be reviewed for completeness and considered for funding if complete.

An approved application that does not allocate the applicant with the maximum \$500 allowable funding amount does not reserve any remaining amount for the applicant. Should individuals require additional support through this program, they will be required to submit an additional application and understand that funding may not be available. Each application will be considered a separate application amongst the selection criteria. The aggregate total for one band member will not exceed \$500.00

**Application Submission Due Dates**

Applications will be accepted monthly, and due on the 1<sup>st</sup> of the month

**Decision/Notification and Fund Dispersal**

Applications will be reviewed within 5 business days.

Notification of application decisions and funding dispersal will be within 5 business days of the review.

**Obligations of Cook's Ferry Indian Band**

All applications, approvals and denials will be kept on file  
Applications and Reports will be provided to the NLX Trust Board of Directors  
Adhere to the NLX Learning Support Program Funding Policy  
Consider each request fairly and transparently as per the Policy

**Grievance Procedure**

If applicants are unsatisfied with the decision made on their application, they must submit in writing the reasons they feel they should be reconsidered for funding to the Program Coordinator within 30 days of notification of the decision. The program coordinator will forward the request to the Band Manager who will make a decision and inform the applicant of the results. If the applicant is still unsatisfied they must send in a grievance form to Chief and Council for review. Chief and Council will make the final Binding Decision.

**COOK'S FERRY INDIAN BAND  
ADULT RECREATIONAL ACTIVITY SUPPORT PROGRAM  
APPLICATION FORM**

PO Box 130  
Spences Bridge, BC. V0K 2L0  
Tel: 250-458-2224 Fax: 250-458-2312  
Email: [reception@cooksferri.ca](mailto:reception@cooksferri.ca)

1. Date of Application: \_\_\_\_\_
2. Personal Data  
Full Name: \_\_\_\_\_  
10 digit status registry number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone number: \_\_\_\_\_ Email: \_\_\_\_\_
3. Have you applied for Adult Recreational Activity Support funding in the past?  
Please circle: Yes No  
What is the date you last received funding? \_\_\_\_\_
4. What Type of recreational activity are you applying for funding for: \_\_\_\_\_
5. Association/Team Affiliation: \_\_\_\_\_
6. Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_
7. What are the costs you are applying to cover:  
 **Registration Fees** Total: \_\_\_\_\_ Receipt provided: YES NO Direct Payment: YES NO  
 **Equipment** Total: \_\_\_\_\_ Receipt provided: YES NO Direct Payment: YES NO  
 **Accommodations** Total: \_\_\_\_\_ Receipt provided: YES NO Direct Payment: YES NO
8. Have you submitted proof of registration to a recognized recreational activity: YES NO

I, \_\_\_\_\_, am requesting \$\_\_\_\_\_ from the Adult Recreational Activity Support Program. I have read, understand, and agree to the policy.

Signature of Applicant: \_\_\_\_\_

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GRIEVANCE FORM**

PO Box 130  
Spences Bridge, BC. V0K 2L0  
Tel: 250-458-2224 Fax: 250-458-2312  
Email: [reception@cookserry.ca](mailto:reception@cookserry.ca)

1. Date of Grievance: \_\_\_\_\_

2. Personal Data

Full Name: \_\_\_\_\_

10 digit status registry number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Mailing address:

\_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

What are your grounds for appealing the Band Managers decision?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Office use only
C&C receipt of appeal: _____
Date of Hearing: _____
Decision of C&C: _____