



Application Community Capacity Building Fund

Community: _____

Contact Name: _____

Contact Address: _____

Contact Phone: _____

Contact E-mail: _____

Contact Fax: _____

Proposal Description (Please provide a brief description of the purpose and expected outcomes of the Proposal, including how it will advance community priorities and/or build community capacity.)

Return applications to:

Dan Schofield, Director
School of Community Government
Municipal and Community Affairs
400, 5201-50th Avenue
Yellowknife NT X1A 3S9
Toll Free Number: 877- 531-9194
Fax: 867-873-0584

Revised Application Deadline: March 31, 2007

APPLICATION CHECK LIST

Have you included evidence, by way of a letter or band council resolution, that all eligible community governing bodies (listed in Appendix B of the Community Capacity Building Fund Payment Directive) support the proposed community plan? Yes No

Have all community governing bodies (listed in Appendix B of the Community Capacity Building Fund Payment Directive) signed the application? Yes No

Have you included a Proposal Description with the Application? Yes No

Have you described how the Proposal supports community capacity building or the addition/improvement of community infrastructure? Yes No

If the funding is used to lever other funding, have you indicated in the Proposal how the use of the joint fund serves the public interest at large? Yes No

If the proposed community plan results in an ongoing operations and maintenance funding requirement, have you included in the Proposal how these requirements will be provided for? Yes No

Signatures of resident community governing bodies:

Signature: _____ Date: _____

Title: _____

Signature: _____ Date: _____

Title: _____

Signature: _____ Date: _____

Title: _____

Signature: _____ Date: _____

Title: _____