



4-H First Nations Application Form

Name of Club: _____

Primary Contact: _____ Position / Title: _____

Telephone: _____ Email: _____

Address: _____

City: _____ Prov.: _____ Postal Code: _____

If funding is awarded, make the cheque payable to: _____
(Legal name of organization if different from above)

1. Name of project and how it relates to agriculture.

2. How many First Nations youth will be participating in your project?

3. Please fill out the budget on how the monies will be spent.

Expense Items:	Number of Items	Dollar Amount
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
Total		

Please note: Membership fees are not eligible costs.

4. Total funds requested:

5. What impact will this project have in the community, the participants and/or the 4-H program?

6. How did you hear about this program? Tick off any box that applies.

IAPO Newsletter Internet Other

I hereby certify that the information contained in this application is accurate. If approved, I understand that a final evaluation is required to be submitted to the Indian Agricultural Program of Ontario within one month of completion of the project. I agree to inform Indian Agricultural Program of Ontario of any changes within the project/organization's circumstance, and will ensure compliance of all grant requirements. All monies will be used as stated and any excess funds will be returned to IAPO. Furthermore, I certify that no other funding has been applied for or received for the expenses of this 4-H First Nations application.

Signature: _____

Date: _____

Print Name: _____

Send Completed application to:
Indian Agricultural Program of Ontario
P.O. Box 83, Station Lambeth
London, Ontario N6P 1P9
1 800 663 6912
Fax Number: 519 652 0085
Or jen@indianag.on.ca