



Department of Social &
Cultural Development

Annex: B

CSA Application Template

Date:

Type of Program

Education

Nutrition & Health

Stay in School

Poverty & Exclusion

Community Garden

Applicant's Basic Information

Applicant/Name of Organization:

Contact Person:

Telephone:

Email:

Address:

Community (base of operation):

Program Description

Program Title:

Start Date

End Date

Introduction of Program



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Purposes, Objectives and Results

a) Please provide a brief summary of the project. This should include information/context on the needs, i.e., the existing problem(s) the project aims to address.

b) What is the target audience and selection process for participants/individuals who will be impacted by this project?
c) project?

Alliance

Partner	Role	Financial	In Kind
Cree Solidarity Alliance		\$	
		\$	
		\$	
		\$	
		\$	
		\$	



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Timelines

#	Key Activities	Date/Timeline
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Monitoring & Reporting

How will you be keeping track of all project-related metrics, identifying potential problems and taking corrective actions necessary to ensure that the project is within scope, on budget and meets the specified deadlines. In short, how will you ensure the project is meeting objectives?



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Budget Breakdown

Part 1: Salaries

Description of Expenses	Forecasted Amounts
Consultant Costs	
Trainer Costs	
Speaker Costs	
Facilitator Costs	
Coordinator/Organizer Wages	
Allowance/Special Payments	
Other	
Other	

Part 2: Travel & Lodging

Description of Expenses	Forecasted Amounts:
Travel mileage	\$
Hotels	\$
Flights	\$
Meals	\$
Incidentals	\$
Other	\$
Other	\$



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Part 3. Material Resources

Description of Expenses	Forecasted Amounts:
Material/Supplies for Administration	\$
Material/Supplies for Participants	\$
Promotional Materials	\$
Food	\$
Other	\$
Other	\$
Other	\$

Part 4: Infrastructure Costs

Description of Expenses	Forecasted Amounts:
Facilities or structures	\$
Utilities	\$
Landscaping	\$
Site development	\$
Equipment	\$
Other	\$
Other	\$



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Part 5: Other

Description of Expenses	Forecasted Amounts:
	\$
	\$
	\$
	\$
	\$

Total Cost of Project \$ _____

Signature of Applicant

By accepting funding for a Cree Solidarity Alliance Program, I understand that I must provide a band council resolution.

By signing this form, I agree that all information provided within is accurate and correct:

Date:

Signature of Applicant