

**SELKIRK FIRST NATION**

**Community Health and Well Being Grant Policy**

**Pilot Project**

**Vision of the Community Health and Wellbeing Grant**

To assist Selkirk Citizens to meet their long-term health and well being goals by strengthening the well-being of families.

**Scope**

The Community Health and Well Being (CHWB) Grant is available to SFN Enrolled Citizens (hereafter referred to as Citizen(s).

**Purpose**

This policy establishes guidelines and procedures that will be used to determine the eligibility of purchases and activities under the defined categories.

The Community Health and Well Being Grant is established with the following principles:

* + - * To encourage Citizens to be healthy through recreation
			* To encourage Citizens to get out on the land
			* To provide funding for cultural activities
			* To develop positive and meaningful relationships between Elders and Youth
			* To support educational pursuits

**Categories of Eligible Activities**

Recreational/Athletic

Focused on providing physical, sport, instructional, registration and equipment purchases related to recreational activities, sports, athletics and music.

Outdoor Traditional Pursuits

Focused on encouraging Citizens to participate in land-based activities and for purchases of harvesting equipment, fishing supplies, camp supplies, and traditional dwelling/cabin materials.

First Nations Heritage and Culture

Focused on providing supplies, materials, training, learning and travel opportunities related to First Nations heritage and culture. This can include supplies for ceremonial/memorial potlatches, supplies for traditional activities, hand games tournament participation and other related activities.

Develop Positive Relationships with family, especially Elders

Focused on keeping Elders connected to the younger generation. Discover shared activities, encourage the use of new technologies and celebrate the relationship you share with Elders.

Educational Pursuits

Focused on activities that are related to learning and enhancing knowledge, such as attending classes, studying, or participating in research and workshops.

**Policy**

Selkirk First Nation Council shall make an allocation from the Strategic Fund during the annual budgeting process for the Community Health and Well Being Grant. The CHWB Grant is a pilot project taking place during the fiscal year April 1st, 2024 to March 31st, 2025.

**Grant Amount**

Citizens are eligible for a maximum grant of $1,500.

The application must not duplicate activities that other SFN departments are funding. Citizens may only apply for the CHWB Grant once.

**Non-Eligible Expenses**

* Labour
* Childcare
* Emergency travel i.e. Funeral, illness
* Funeral-related expenses
* Electronic games of any form

**Procedures**

Citizens may apply within the fiscal year April 1, 2024 – March 31, 2025.

Application forms are available from the SFN Governance Department.

Citizens, or the applicant on behalf of a minor Citizen, shall complete an application form (Appendix A).

Citizens and applicants on behalf of a minor Citizen shall complete the CHWB Funding Report (Appendix B)

Citizens shall complete and sign the CHWB Grant Waiver (Appendix C).

Citizens who are the applicant for a minor Citizen, shall complete the CHWB Grant Minor Waiver (Appendix D).

Completed applications packages should be returned to Selkirk First Nation by:

Mailing to: SFN Governance Department

P.O. Box 40

 Pelly Crossing, YT

 Y0B 1M0

E-mailing to: dawsond@selkirkfn.com

Dropping off at the SFN Administration Building - Governance Department.

**Approval**

After approval is confirmed, a cheque for 100% of the cost is issued to the applicant.

**Reporting**

The Final Report must be completed within 3 months of receiving the CHWB Grant and must reflect the original application and comply with eligibility criteria set out above. Receipts must be attached. Reports containing projects or purchases not reflected in the original application shall result in the Citizen being ineligible, should there be another intake of applications (based on the availability of funds). In the event the Citizen does not spend the funds according to the approved application, the Citizen shall be obligated repay the funds in full.

Funds spent by the applicant prior to the application being approved are not eligible for reimbursement.

**Decisions**

The final decision for approval of the Community Health and Well Being Grant application and the Final Report compliance will be made by the Finance Committee.

**Related Appendices**

Appendix A – CHWB Grant Application for Citizens

Appendix B – CHWB Grant Funding Report for Enrolled Citizens

Appendix C – CHWB Grant Waiver

Appendix D – CHWB Minor Citizen Grant Waiver

**Appendix A Community Health and Well Being Grant Application**

Please complete the application as detailed as possible. Should you need any assistance, please contact Governance Department staff at 867-537-3331.

Date: Address:

Name:

Phone:

Please identify the activity or purchases and list the expenses related to your application: What will you be buying and how much will it cost?

**For department use:**

Confirmation of SFN Enrolled Citizen status? YES□ NO□

Program or purchase criteria is valid? YES□ NO□

Signed waiver is received for each participant? YES□ NO□

 **Decision: Approved:** □ **Denied:** □ **More information:** □

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Finance Committee Signature

**Appendix B Community Health and Well Being Grant Funding Report**

Please complete the funding report as completely as possible within 3 months of receiving the funding. Should you need any assistance, please contact Governance Department staff at 867-537-3331.

Date:

Name:

Please describe the activity or purchases of the CHWB Grant (registration fees, equipment purchases, supplies, travel costs, etc.) and attach all receipts.

Detailed Reporting:

Registration Fees: $

Travel or Fuel Expenses: $

$

 Equipment Purchases: $ Supplies Purchases: $

$

$

Total Expenses: $

**For department use:**

All criteria have been met for final reporting.

YES □ NO □

 Further comment:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Finance Committee Signature**

**Appendix C Community Health and Well Being Grant Waiver**

**SELKIRK FIRST NATION**

**COMMUNITY HEALTH AND WELL BEING (CHWB) GRANT FUND WAIVER**

GENERAL RELEASE OF LIABILITY,

WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT.

BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE, AND AGREE TO ASSUME LEGAL OBLIGATIONS. **PLEASE READ THIS CAREFULLY**

**Selkirk First Nation (“SFN”)**

 **and**

**SFN Citizen receiving a benefit under the Community Health and Well Being (“CHWB”) Grant**

1. This waiver applies to any program or activity you may take part in (the “Activities”), using funds provided to you by SFN through the CHWB Grant (the “Grant”).

Initial here to demonstrate that you have read and understand the statement above:

1. This waiver applies to the use of any equipment (the “Equipment”) you purchase with funds provided to you by SFN through the Grant.

Initial here to demonstrate that you have read and understand the statement above:

1. This waiver of liability is legally binding and is intended to exclude any liability on the part of SFN in relation to your use of the Grant, and any third-party liability that may arise in relation to an Activity you may participate in, or the use of Equipment you may purchase, or any other thing or benefit that may accrue to you or a third party, from funding you receive through the Grant.

Initial here to demonstrate that you have read and understand the statement above:

**Name of Releasor**

**(Citizen receiving the Grant)**

 **(Print Name) Signature of Releasor**

**Date Signed**

**Name of Witness (please print) Signature of Witness (over 18 years of age)**

**Appendix D Community Health and Well Being Grant - Minor Waiver**

**ONLY SIGN BELOW IF GRANT IS BEING PROVIDED TO A MINOR AND YOU ARE SIGNING THIS FORM AS A PARENT/LEGAL GUARDIAN OF THE MINOR**

1. **PARENT/GUARDIAN – RELEASE ON BEHALF OF MINOR** If you are the parent or legal guardian of the person receiving the Grant, attest to the following:

I have read this document, and I am signing it freely. I understand the legal consequences of signing this document, including

(a) releasing SFN from all liability on my and the minor child’s behalf,

(b) waiving my and the minor child’s right to sue SFN, and

(c) assume all risks of the minor child’s participation in this Activity or the purchase and subsequent use of the Equipment. I allow the minor child to participate in the Activity or use the Equipment. I understand that I am responsible for the obligations and acts of the minor child in relation to their participation in the Activity or use of the Equipment purchased using funds provided through the Grant under this Agreement. I agree to be bound by the terms of this Agreement.

**Name of minor Applicant for Grant**

**Name of Releasor**

**(parent/guardian signing on behalf of the minor child receiving the Grant (please print)**

**Signature of Releasor (parent or guardian of minor child)**

**Date Signed**

**Name of Witness (please print) Signature of Witness (over 18 years of age)**