

## PROJECT/PROGRAM PROPOSAL

Host First Nation Charity: _____	AGLC ID #: _____
Project/Program Name: _____	
Project/Program Contact Info: _____	

Project/Program Description: (Include program information, deliverables, goals, objectives, community benefit, etc. If more space is needed, please attach a separate sheet.)

HFNCCPH Policy #: _____	Project/Program Location: _____
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**Gaming Proceeds Request**

Fiscal Year Funding:            20 \_\_\_\_/20 \_\_\_\_     One-time funding     Multi-year funding

Total Project/Program Cost: \$ \_\_\_\_\_    Total Gaming Proceeds Request: \$ \_\_\_\_\_

Other Government Funding: \$ \_\_\_\_\_  
(i.e., AANCD targeted)

For projects/programs supported with gaming proceeds, the following documents must be submitted:

- Detailed budget summary, including program delivery costs, administration, and Wages/Salaries\*
- Charity approval
- BCR (if applicable based on policy)
- Travel Itinerary (Form CSR/GAM 5443)
- Policies/procedures document (if applicable)

*\*Please complete the Wages/Salaries Record Form on reverse.*

