

**Application Deadline Date 2025**  
**June 30th at 4:30 p.m.**  
**No late applications will be accepted.**



# **Hand Book 2025**

Six Nations Community Development Trust  
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# Six Nations Community Development Trust Handbook

This handbook has been developed to help applicants understand the questions in the application and provide a better understanding of what information is required.

## Our mission:

The Trustees shall administer the Trust in accordance with the terms set out in the Six Nations of the Grand River Community Development Trust, to enhance, among other things the growth and capacity of the First Nation in respect of community development, health, education, economic development and cultural development of the First Nation and its members.

## We have the following core values:

- Independence
- Transparency
- Accountability
- Getting results
- Fairness

## Eligibility

### ***Applicants***

Those who may apply for project funding are:

- Band members of the Six Nations as registered on the Band list or recognized as band members as described under the OFNLP Trust Agreement.
- Organizations that have Six Nations (board) Member involvement or going to demonstrate significant impact to Six Nations members.

### ***Application***

The following activities **will not be funded**:

- Research (i.e. feasibility study, surveys & questionnaires)
- **Payment of individual Band Members for personal benefit (i.e. per capital monies to individual members of Six Nations or per capita distribution)**
- **Individual “for profit” projects (i.e. subsidizing their business)**
- Expenses already funded by another program.
- Projects that propose a wage, salary, honorarium or any form of remuneration to an existing board member and advisory committee member (including ex-officio members) of their organization.
- Those projects dealing directly with children that do not complete a positive Vulnerable Sector Criminal Reference Check for all staff and volunteers. (Eligible expenses include these expenses as a budget line item).
- Organizations where bona fide band membership representation on their Board is in question.
- Organizations not able to demonstrate a formal governance and accountability structure.

***Application***

- All applications will require a work plan (Part B #12, a detailed budget, Section C – Financial Requirements) and a formal presentation to the Six Nations Community.
- The current year's (2025) application form must be completed.
- All Applications will follow and adhere to the guidelines set forth in the Six Nations Community Development Trust Handbook/Application.
- More information may be requested at any time failure to supply information will deem your application as incomplete and will not be considered for funding.

**Timeline**

The SNDCT operates on a fiscal year January to December. Every effort should be made to fall within these timelines or within this time period (2026).

# Application Tips

## Things to remember:

- All applicants will be required to make a community presentation of their proposal. The organization(s) that demonstrates a significant impact to Six Nations members shall have a Six Nations member that is involved in the project in attendance at the community presentation.
- Please remember that SNCDT will not fund salaries or wages to your board/ advisory committee members.
- Conflicts of interest must be avoided.
- The Trust reserves the right to request resubmitted bids.
- If your organization is approved for funding from the Six Nations Community Development Trust (SNCDT) a financial agreement must be signed prior to the release of any funding.
- A 10% hold back of funding is placed on all Funding Agreements. Final payment will not be released until a final monitor is complete. This is dependent on the payment schedule (reimbursements and third party payments have no hold back)
- Clear and concise answers will increase the success of your application. Please use only the space provided on the application form.

## Required

- Only submit the application package enclosed.
- An electronic copy of your complete application is required.
- In a continual effort to save paper we will **only** accept electronic copies. If you are unable to complete an electronic copy please contact the office.
- A letter of acknowledgement from the board or advisory committee signed off by Board Secretary indicating they are fully aware of submission of project application to the Six Nations Community Development Trust.
- Projects where there are building renovations, land enhancements or infrastructure upgrades will need the following legal documentation included with the application.
  - Proof of insurance including third party liability
  - Band Council resolutions approving use of band owned land
  - Proof that any land or building is community owned
- Upon project completion, successful applicants will be required, working in coordination with the Trust, to inform the community of their project outcomes through a community presentation or other conventional or electronic media.

On completion of a funded project, you will be required to participate in a confidential debrief interview with the Trust Coordinator.

**The deadline date for applications for 2025 is  
June 30th at 4:30 p.m.**

**No late applications will be accepted.**

***Applications must be submitted to email:  
[coordinator@sncomtrust.ca](mailto:coordinator@sncomtrust.ca)***

## Part A – Information About You

**Organization** – Official Name of Organization(s) applying for grant.

**Department** – The name of the department applying.

**Mailing Address** – What is the official mailing address of the Organization/Department? Do not list the location address of the project.

**Primary (1) Contact Person/Telephone/Email** – This will be the person we contact regarding your application and all correspondence will be addressed to this person. This person must be a Six Nations band member. The primary contact person must have signing authority for the project. List only one person.

**Secondary Contact Person/Telephone/Email** – A second person must be listed and will only be used should the primary contact person be unavailable for contact.

### 1. *Is your organization:*

**Profit** - The SNCDT deems a for profit organization whereby individuals or the organizations receive financial gains.

**Not-profit** – The SNCDT deems a non-profit organization whereby individuals or the organization does not receive financial gains.

**Organization Type** – Indicate which category best describes your organization from the list, Community, Council or External.

Please note the list that will not be funded.

### 2. **Board Wage/Salary**

Members of your organization/group and their immediate family shall not benefit financially from the proposed project.

### 3. **What is your organization's and/or department's mandate/mission statement?**

Your answer to this question helps us understand your organization's and/or department's objectives or the reason why you exist. When we review your application, we look for consistency between your mandate and your proposal.

### 4. **How long has your organization/group been in existence?**

This shows the Trust the longevity of your organization/group.

### 5. **Describe your governance and management structure.**

a) The Board of Directors/Advisory Committee shows the SNCDT that you have community members in place that are accountable and will oversee that you meet the goals of your project. Please ensure that conflict of interest is avoided in all aspects of Board of Directors/Advisory Committee and governance.

**NOTE: if your organization does not have a Six Nations Band Member on your Board of Directors/Advisory Committee please explain the attempts made and being made and explain the issues you have encountered.**

Attach your organizational chart showing key management positions

b) Please list the current board members and title

c) Please list dates of your upcoming board meetings.

**6. What activities/programs do you currently offer to the community?**

Describing the activities, programs and services you provide helps the SNCDT understand the work that your organization does in our community. You should also identify when and where they take place. Include present and past activities.

**7. How many staff members and volunteers belong to your organization/department?**

Tell us how many active employees and volunteers you have.

## **Part B – Information about Your Project**

**1. Title of your project:**

This should not be the title of your organization/department. It should describe your project.

**2. Where will this project take place?**

List the exact location where the majority of your planned activities will take place.

**3. Project Start Date: End Date:**

The SNCDT operates on a fiscal year January to December. Your project should fall within this time frame of 2026.

**4. Summary of the project:**

Provide a clear and concise one paragraph describing the purpose (the reason for why your project exists) and goals (anticipated result) of your project. **Please do not exceed 250 words.** (This will be used for promoting your project should you be successful.)

**5. How will your project continue to operate after SNCDT funding is concluded?**

The demand for funding far exceeds funding availability. Not all applications/proposals can be fully funded or funded year after year. The SNCDT needs to know what you have planned in the future. List both financial strategies (e.g. other sources of funding) as well as non-financial strategies such as partnering, capacity building, etc. **Please do not exceed 250 words.**

**5. Have any research, studies, surveys, questionnaires or other evidence been referenced to determine the need(s) identified? (Example: Strategic Plan, Community Plan, Internal Needs Assessment, Ministry Guidelines)**

Please remember that the SNCDT cannot fund any research projects. The SNCDT may request a copy of any research that has been completed for review. **Please do not exceed 250 words.**

**6. *Describe which SNCDT funding category best applies to your proposal and how they are addressed.***

Keep your answer brief. The SNCDT funding categories are described below:  
**Select only one category from the drop down menu and please do not exceed 100 words.**

**Community Development** – projects that engage people in building an active and sustainable community, based on social justice and mutual respect. Projects that help to remove barriers that prevent people from participating in the social and economic issues that impact their lives.

**Cultural Development** – projects that enhance the cultural preservation, revitalization and growth of people through artistic, linguistic and other approaches.

**Economic Development** – Projects that support and improve economic development, foster balanced growth, build capacity and increase the overall wealth of the community.

**Education** – projects that will enhance the curriculum, the equipment and student supports and will raise the standard of education and educational outcomes.

**Health** – projects that will enhance the health and well-being of people in terms of mental, physical, emotional and spiritual.

It would also be helpful to review the Six Nations Community Plan ([SN\\_Community\\_Plan.pdf \(sixnations.ca\)](#)) and identify any areas where your project supports these initiatives.

**7. *a)How many members of the Six Nations Community will directly benefit by your project within the project funding timeline?***

Please estimate how many community members will directly benefit and actively participate in your project. (If your project will assist organizations/businesses list those organizations/businesses)? Provide the mechanism for tracking. **Please do not exceed 100 words.**

**b) Please describe how your project will impact other Six Nations community members who may not directly benefit and actively participate. Do not exceed 100 words.**

**8. Please describe your engagement with the Six Nations Community?**

Explain how you plan to market and communicate your project to the Community. This can include print (newspaper, posters, newsletters, press releases), radio (community bulletin board, live broadcast, live interviews etc...) or personal contact

(phone calls, direct letters) and internet and social media. You will be required to provide specific details in your monthly reporting. **Please do not exceed 100 words.**

**9. Please select up to three (3) and describe how your project will improve the Six Nations community. Please do not exceed 100 words.**

Examples:

Formal education and/or traditional education and/or training – types of training, educational institutions and who receives the training. For example driving course, language program, Great Law or traditional teachings.

Improve skills – Increase expertise – For example driving course, language program, Great Law or traditional teachings.

Create or Improve Physical Infrastructure or Capital – Include buildings (Arena), equipment (snow plough), facilities (Splashpad).

New resources – a listing of what will be developed, example, tool kits, education resources etc.,

Economic growth – include jobs, number of new positions created and estimated salaries

**10. Demonstrate how your project will collaborate with any other community initiatives? Please do not exceed 100 words.**

Describe the support, linkages and connections (partnerships) your project will have with other community initiatives.

**11. Letters of support can be from collaborating agencies, testimonials etc.**

**12. Please provide a detailed work plan for January to December.**

**1. Purpose/Goal**

Establish the broad primary outcome of your project. What do you want to achieve?

**2. Activities:**

Once you have identified the results that you expect to achieve, the next step in the planning process requires you to develop your activities. Each activity should be tied to an expected result. Each result should have at least one activity associated with it. Remember that your results and activities should have a link to your organizations mission and your goal.

In the case of capital projects, state the steps required to complete the proposed construction or acquisition.

**3. Responsibility:**

In the next column, describe who will plan and deliver each activity. For example, if the results include updating wiring in your building, the workplan should include



obtaining an inspection from Hydro One as an activity and specify who will have responsibility for organizing the inspection (example: a volunteer or a general contractor)

#### **4. Timeline:**

Each goal or activity should include an estimated timeframe as to when you will begin this activity and when you plan to complete. Create milestones this will help you keep track in terms of planning and implementation.

#### **5. Results:**

Your work plan should include a list of concrete and measurable outcomes that your organization expects to achieve during the length of your project. Each outcome should support your goals and be achieved through activities you identified in the Activities column.

Your outcome should be an itemized list of what you hope to accomplish. Results should be achievable and measurable and can be quantitative and qualitative. Don't stop at numbers and percentages; provide a more in-depth perspective on the impact of your project.

When you are deciding how to measure outcomes, here are a few suggestions:

- Is there any easy way to quantify results? Example: Attendance Log or satisfaction survey
- What do you need to build into our program to ensure we have measurable outcomes? Example: Make sure participants fill out questionnaires to assess their satisfaction with the project/event.

#### **6. Evaluation Plan:**

The last column asks you to identify how you will know if your project has achieved the results you had planned for.

In this column you should identify the indicators of success: how you will know if your activities achieved the desired results and how will you measure them. The indicators of success in your evaluation plan should be connected to the measurable results you identified in the first column. If one expected result were to increase participation in a program, an increased number of participants would indicate success. One method of measuring would be through attendance logs.

### **13. Acknowledgement of the Trust**

**How will you acknowledge the SNCDT for providing funding for the project?**

Explain how you plan to acknowledge the SNCDT for funding provided should your project be successful. **Please do not exceed 100 words.**

### **14. Project Team:**

**Your project team consists of all of the members of your team who are**

**involved with your project and carry responsibilities, such as contact person, signing authorities, resource members, etc. Resumes attached should not exceed one page in length per team member.**

**If the Project Team will need to be hired (request for salary dollars), attach job descriptions, outline of hiring process to be completed, notice of competition and statements of qualifications.**

**If the Project involves a purchase of services, attach service descriptions and tender document.**

**Contact person:**

Your contact person is the member within your Project Team who is listed on the first page of your application.

This person will be the primary contact for your project and will liaise with the SNCDT. They must be a registered Six Nations band member.

They must have signing authority.

**Signing Authorities:**

Signing authorities are those team members within your Project Team who have authority to sign Financial Agreements and other documents (such as cheques, requests to the SNCDT, etc.)

The SNCDT requires a minimum of 2 signing authorities.

**Conflicts of Interest**

Applicants must reveal any relationships or interests they have which could unfairly influence their proposal, negatively affect the outcome of a project or otherwise jeopardize the integrity and reputation of the Trust.

## WORKPLAN SAMPLE

<b>Purpose/Goal:</b> What do you intend to achieve?	<b>Activities:</b> What are the main steps needed to achieve your project goals?	<b>Responsibility:</b> Who will be responsible for each activity (in your organization or a partner organization)?	<b>Timeline:</b> When will each task begins and when will you complete?	<b>Results:</b> Your itemized list of expected Outcomes.	<b>Evaluation Plan:</b> How will you know if your work is successful? How will you evaluate the results of your activities? Concrete evidence
<b>ONE TIME FUNDING</b>					
Restock the reading material available for community use.	Create a listing of new books to purchase Purchase new books	Manager will compile listing of books to purchase for Director approval. Manager will place order	January to April 2024	An enhanced supply of reading material for community use.	We created 5 new books We received Feedback from 110 users. Book usage increased by 10% (40 users)
<b>CAPITAL PURCHASE</b>					
Create a safe, clean and spacious seating environment at our fairgrounds.	Remove old grandstands Prepare site for new grandstands. Install new grandstands.	The selected contractor will be responsible for each step.	Summer June & July 2024	A brand new grandstand.	A successful Safety Inspection – Grade A Number of individuals using the stands at various events. Increased capacity by 250 Received 30 Comments/Feedback from public.
<b>ONGOING</b>					
Increase the efficiency and success of the organization by adding staff.	Post job opening Conduct Interviews Hire Complete Orientation	Director will complete steps in hiring new staff member.	January 2024	A fulltime staff person is hired.	Office has staff person available to complete daily administrative duties Completion of Successful Job Evaluation Daily supervision Staff applied for 3 funding grants Provide indicators
<i>This would be based on the nature of your organization.</i>					

## Part C – Financial Requirements

### **15.. *Amount of funding requested:***

Indicate the total amount of money you are requesting from the SNCDT to contribute to your project.

Please prioritize your expenditures by identifying the items of highest need in the table provided.

Please note this amount requested should match throughout the application.

### **16, *How will your project continue to operate after SNCDT funding is concluded?***

The demand for funding far exceeds funding availability. Not all applications/proposals can be fully funded or funded year after year. The SNCDT needs to know what you have planned in the future. List both financial strategies (e.g. other sources of funding) as well as non-financial strategies such as partnering, capacity building, etc.

### **17. *Be sure to include your last year's financial statements.***

Audits for organizations who complete yearly audits. Audited statements are strongly preferred. Otherwise include your year end income statements, balance sheets, g/l for your specific department/organization. SNGR Council departments must submit their department's profit center financials (general ledger).

## **Financial Summary**

Complete this section carefully following the notes at the bottom of the page.

Please ensure your Requested Funding – TOTAL, matches amount listed in “Amount of Funding Requested” (question 15).

Since funding is limited the SNCDT will look more highly at organizations that have demonstrated they also have a financial commitment in the project.

SNCDT needs to know if there is a financial commitment from any other organization. Please indicate all funding secured and list any pending applications.

If you are charging fees, you should demonstrate how these fees are going back towards expenses for this project. Fees should not offset expenses outside your proposed project i.e. fees pay salaries.

SNCDT needs to see that you have generally accepted accounting principles in place.

## Cash Flow – Page 10

This Financial Summary and cashflow should match the work plan expectations and funding requirements. The cashflow worksheet is only a guideline. You can change the budget items listed or create your own to match your current financial statements. You should also change the month titles to reflect your project workplan. Please keep within one calendar year (January – December).

### Salary Request

Salary requests must include job descriptions, notice of completion, outline of hiring process to be completed and statements of qualifications.

Please adhere to provincial and federal employment standards.

## Summary of Breakdowns Page 11

All costs over \$500.00 should be broken down.

Example: Salary \$18,200.00 = 35 hours @ \$10.00/hr for 52 weeks.

## Summary of Quotes – Page 12

### Quotes

All major capital costs over \$2500.00 will require 3 written estimates.

All major contract work over \$2500.00 will require 3 written estimates.

Any quotes from suppliers or sub-contractors should reflect the anticipate start date of the project.

Please summarize and prioritize all three of your quotes and explain your ranking.

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## Financial Definitions:

**Capital Expense:** expenses incurred by a business for start up.

**Capital Goods:** expenses to purchase machinery, or goods to be used to produce a commodity.

**Office Supplies:** expenses incurred to purchase consumables such as pens, paper, and toner, etc.

**Furniture & Equipment:** expenses incurred to purchase office furniture and equipment such as adding machines, desks, computers, photocopiers, and faxes, etc.

**Operating Expenses:** expenses incurred by a business for the daily operations, such as heat, hydro, maintenance, janitorial fees.

**Remuneration:** any and all financial forms of payments, wages, salaries, honorarium, stipend, monetary compensation.

**Travel/Mileage:** expenses incurred by an employee when traveling on project related business.

**Lease Hold Improvements:** to mean any renovations made to office or building being rented to perform projects. Please note The Trust will not approve Lease Hold Improvements on office/buildings located on private property.

Include the expenses of your **whole** project, not just amount requested from the SNCDT.

## **FINANCIAL SUMMARY SAMPLE**

Item	Total Expense	Requested Income SNCDT	Incomes for other sources		In-Kind Contributions		Source & Amount Requested & Due Date & Approval date Contact Person Telephone & Email Provide letters
			Confirmed	Potential	Confirmed	Potential	
Salaries & Benefits	46,610	30,000	16,610	0	0	0	Source: Federal - \$16,610 Due: 7-2024 Decision: 7-2024 Contact Person: H.Dollars Contact #: xxx-xxxx
Program Costs (Program-related expenses such as materials, resources, travel, promotion)	7,390	0	6,790	0	600	0	Source: Provincial Funding - \$6,790 Yearly Confirmation Contact Person: A.Gates Contact #: xxx-xxxx In-Kind – Printing - \$600 Contact Person: M.Giving Contact #: xxx-xxxx
Administration (Rent, insurance, office supplies, account & legal)	19,300	4,000	9,000	6,300	0	0	Source: Grant Dollars - \$9,000 Due: 8-2024 Decision: 9-2024 Contact Person: M.Funder Contact #: xxx-xxxx Source: Potential Bursary dollars - \$6,300 Due 11-2024 Decisions:12-2024 Contact Person: K.Undecided Contact #: xxx-xxxx
Capital (Computers, office furniture, equipment, renovations, repairs)	6,000	6,000	0	0	0	0	
Miscellaneous (Please specify)	0	0	0	0	0	0	
<b>TOTAL</b>	<b>\$79,300.00</b>	<b>\$40,000.00</b> <i>This should match throughout application</i>	<b>\$32,400.00</b>	<b>\$6,300.00</b>	<b>\$ 600.00</b>	<b>\$ 0.00</b>	

A = B + C + D + E + F

### **Note:**

- Please include sponsorships, donations, grants and other financial assistance
- Include our own contributions to the cost of the initiative and those in-kind contributions of your donors and community partners
- Specify the source of confirmed and potential income (including in-kind contributions) and provide the name, phone # and e-mail
- Your total expenses should balance with the total of all income and contributions.

Project Cashflow 2020	SAMPLE ONLY												
	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Total
<b>REVENUE</b>													
SNCDT Funding	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	7,000	\$ 40,000
Program Funding	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	\$ 24,000
Other Funding	1,200	500	500	500	500	9,100	500	500	500	500	500	500	\$ 15,300
<b>(a)TOTAL REVENUE</b>													\$ 79,300
<b>EXPENSES</b>													
<b>Human Resources</b>													
Staff Salaries	4,000	3,200	3,200	3,200	4,000	3,200	4,000	3,200	3,200	4,000	3,200	3,200	\$ 41,600
Staff Benefits	97	78	78	78	97	78	97	78	78	97	78	78	\$ 1,010
Honorariums Paid	1,000			1,000			1,000			1,000			\$ 4,000
<b>Administration</b>													
Insurance	1,000												\$ 1,000
Internet Service	65	65	65	65	65	65	65	65	65	65	65	65	\$ 780
Photocopy & Fax Fees													\$ -
Postage & Courier	10	10	10	10	10	10	10	10	10	10	10	10	\$ 120
Rent	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	\$ 12,000
Telephone/Fax	250	250	250	250	250	250	250	250	250	250	250	250	\$ 3,000
Utilities	200	200	200	200	200	200	200	200	200	200	200	200	\$ 2,400
<b>Program Costs</b>													
Advertising & Promotion	200				200				200				\$ 600
Bank Charges	20	20	20	20	20	20	20	20	20	20	20	20	\$ 240
Food & Entertainment													\$ -
Mileage	100	100	100	100	100	100	100	100	100	100	100	100	\$ 1,200
Office Supplies	400	200	200	400			400		200	400		400	\$ 2,600
Police Checks	350												\$ 350
Resources													\$ -
Training Allowances	2,400												\$ 2,400
<b>Capital Costs</b>													
Computers			3,000										\$ 3,000
Furniture & Equipment	1,500				1,500								\$ 3,000
Renovations													\$ -
<b>(b) TOTAL EXPENSES</b>	\$ 12,592	\$ 5,123	\$ 8,123	\$ 6,323	\$ 7,442	\$ 4,923	\$ 7,142	\$ 4,923	\$ 5,323	\$ 7,142	\$ 4,923	\$ 5,323	\$ 79,300
<b>(a-b) SHORT/OVER</b>	\$ (12,592)	\$ (5,123)	\$ (8,123)	\$ (6,323)	\$ (7,442)	\$ (4,923)	\$ (7,142)	\$ (4,923)	\$ (5,323)	\$ (7,142)	\$ (4,923)	\$ (5,323)	\$ (0)
<b>NOTES:</b>	<i>Cashflow is a monthly breakdown of your <u>whole</u> project, not just amount requested from the SNCDT.</i>												
<b>Breakdowns</b>													
Salary - \$41,600 = 40 hrs/wk x \$20/her for 52 weeks													
Benefits - 1,010 = \$41,600 x .0173 rate x 1.4 Employers rate													
Honorarium - \$4,000 = 2 facilitators @ \$500 per day for quarterly visits													
Rent - \$12,000 = 100 sqft x \$10/ft for 12 months													
Training Allowance - \$2,400 = 4 participants x \$600 registration fee													
Insurance - \$1,000 flat rate, see quote													
<b>Estimates</b>													
Please find attached three quotes from three different stores for exact same computer purchase (Future shop, Made Computers & Computers R us)													
Furniture & Equipment the purchase of filing cabinets and shelving													



## Summary of Quotes

All major capital costs over \$2,500 and major contract work over \$2,500 require 3 written estimates

Please summarize and prioritize your quotes in the tables below.

**Quotes must be of the same specs and descriptions.** Attach quotes to application.

(Quotes must show specifics)

Quote for		Van	
#	Supplier	Cost	Brief Summary
1	Stricklands	\$48,000	2018 Passenger 12 seat
2	John Ford	\$45,000	2018 Passenger Wagon XL 12 seater
3	Searles	\$47,500	2018 Passenger 12 seat

**Please explain why the first quote is your top choice.**

Stricklands is our top choice as we have a long term maintenance agreement for all our vehicle services.

Quote for		Health Center Extension	
#	Supplier	Cost	Brief Summary
1	A to Z Construction	\$25,000	Addition of 10 x 12 Office space,
2	Macobe Construction	\$20,000	Addition of 10 x 12 Office space,
3	Builders Construction	\$25,000	Addition of 10 x 12 Office space,

**Please explain why the first quote is your top choice.**

We selected A to Z Construction as our top choice since we have used them in the past and they guarantee their work up to a year. They have experience with many of our local properties.

Quote for			
#	Supplier	Cost	Brief Summary
1			
2			
3			

**Please explain why the first quote is your top choice.**

## **Part D – Release of Information**

Please make sure that this section is signed by 2 (two) signing authorities listed on the Project Team.

### **The Appeal Process:**

The Six Nations Community Development Trust cannot consider appeals based on the disagreement with the Trust Board's decision

Funding decisions may be appealed based on evidence that the Six Nations Community Development Trust did not follow the established "proposal review process.

The appeal process is as follows

1. You must submit your appeal in writing to the Chairperson of the Six Nations Community Development Trust within 20 days from the time you receive your decline letter.
2. A third party mediator may be engaged upon on the agreement of the Trustees and the appellant
3. Please ensure you clearly state the basis of your appeal. The contact person for the application must sign the letter of appeal. The SNCDT will respond, in writing, within 45 days of having received a letter of appeal.

## **HELP NEEDED?**

If you require any additional assistance with your application please feel free to contact the SNCDT staff. Please remember that our staff cannot write the proposal for you but they may be able to guide you in the right direction.

For those applicants requiring computer usage, appointments can be made to assist with inputting.

The Trust Coordinator is available to hold help sessions with applicants at a mutually convenient time. It is strongly recommended that first time applicants meet with the Trust Coordinator for application assistance. Please call and book a time that is mutually convenient for your schedule.

SNCDT Office Hours are Monday through Friday, 9:00 a.m. – 4:30 p.m.

**The deadline date for applications for 2025 is  
June 30th at 4:30 p.m.**

**No late applications will be accepted.**

**Applications must be submitted to email:  
[coordinator@sncomtrust.ca](mailto:coordinator@sncomtrust.ca)**

**Six Nations Community Development Trust  
Oneida Business Park, 50 Generations Drive  
Box 7, Suite 111, Ohsweken, ON N0A 1M0  
Phone: 905-765-1236  
Email: [coordinator@sncomtrust.ca](mailto:coordinator@sncomtrust.ca)**