



Sagkeeng Anicinabe

Sagkeeng Anicinabe Government

Financial Assistance Policy

Sagkeeng Chief and Council recognize that band members struggle financially to meet their daily needs.

Utilizing own-source revenue, and subject to the availability of funds, Sagkeeng will provide financial assistance band members to offset their daily living costs for emergency situations.

A committee appointed by Chief and Council consisting of non-council members will review applications.

Sagkeeng reserves the right to:

- Deny any Applicant,
- Publish the names of recipient(s)/amount received, and
- Approve an amount less than requested.

Process:

- Application deadline – second Thursday of every month
- Application review – the third Wednesday of the month
- Payment issue – the third Friday of the month.

Criteria:





- Priority List
 - Elders (65 years of age and over)
 - Low-income recipients (non-Social clients)
- Documentation demonstrating financial need
- Number of dependants

Requests regarding Manitoba Hydro:

- Payment will be made directly to Manitoba Hydro
- Amount paid will be pro-rated as per IA Tenant Profile

To allow for all band members equal opportunity for finance assistance under this Policy, Applicants approved for financial assistance, in whole, or, in part, will not be considered for further assistance the following month.

Applicants that were not approved for financial assistance in any given month will be notified in writing and may re-apply the following month.

 Councillor	 Chief	 Councillor
 Councillor		 Councillor



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Please return the completed form and any supporting documentation to the Administrative Assistant at the Sagkeeng Anicinabe Government Administration office.

Applicant information:

Applicant Name: _____ (please print) Treaty # _____

Spouse (if applicable): _____ (please print) Welfare: Yes: _____ No: _____

Address: _____

Telephone Number: _____ Email (if applicable): _____

Amount Requested: _____

Reasons for request:

Manitoba Hydro Account Number (if applicable): _____

Signature of Applicant: _____ Date: _____

By signing this form you agree that Sagkeeng reserves the right to publish the names of the recipients and amount received.

SAGKEENG ANICINABE GOVERNMENT OFFICE USE ONLY:

<p>Date Received: _____, 20____.</p> <p>Approved amount: \$ _____ Initials of Committee _____</p> <p>Upon approval, this form, and any supporting documentation, is to be submitted to Sagkeeng Finance for issuing payment.</p>
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