



Sagkeeng Anicinabe

Sagkeeng Anicinabe Government – Financial Assistance Policy March 2018

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 to 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:

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

Process:

- a) Application deadline – the second Tuesday of every month – **June 12/18**
- b) Application review – the second Wednesday of the month – **June 13/18**
- c) Payment issue – the second Friday of the month – **June 15/18**

Criteria:

- a) Priority List
 - o Elders (65 years of age and over)
 - o Low-income recipients
- b) Applicants demonstrating financial need (with supporting documentation)**
- c) Number of dependants

Requests regarding Manitoba Hydro or any other organization (e.g. landlord) will be paid directly to them.

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 for 6 months following approval.

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


Councillor


Chief


Councillor


Councillor



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Please return this form to the Administrative Assistant at the Sagkeeng Anicinabe Government Administration office.

Applicant Name: _____ (please print) Treaty #: _____

Spouse (if applicable): _____ (please print) Treaty #: _____

Address: _____

Telephone Number: _____ Email (if applicable): _____

Number of dependants: _____ Amount Requested: \$ _____

Current income (circle one):

None	Employed	Welfare	E.I.	Pension	Other
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If "Other" explain: _____

Reason(s) for request (write in back if more space is needed) _____

Manitoba Hydro Account Number (if applicable): _____

Please provide supporting documentation.

Signature of Applicant: _____ Date: _____

By signing this form, you agree that Sagkeeng reserves the right to publish your name 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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