



# Sagkeeng Anicinabe

## Sagkeeng Anicinabe Government – Financial Assistance Policy

June 2017

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 – second Thursday of every month – Oct 9/18
- b) Application review – the third Wednesday of the month – Oct 10/18
- c) Payment issue – the third Friday of the month – Oct 12/18

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 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

  
Councillor

  
Chief

  
Councillor

  
Councillor



**Sagkeeng Anicinabe Government - Financial Assistance Policy**

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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