



Community Enhancement Request Form 2026/2027

Name of Band Member Requesting Community Support: _____

Status Number: _____

Date of Birth: _____

Phone Number: _____ Email: _____

Mailing Address: _____ City: _____

Province: _____ Postal Code: _____

Or

Name of Requesting Charity or Organization: _____

Contact Name: _____ Contact Phone#: _____

Contact Email: _____

Contact Address: _____

City: _____ Province: _____ Postal Code: _____

Is this donation request in association with a particular event? Y_____ N_____

If so, when is the event? _____

Please provide us with the name of the event and a brief description or attach event information:

Please note: *In keeping with our values, we do not support events where alcohol is served.*

Donation Request: Monetary Use of Facility & Equipment Sponsorship

When is the donation required? _____

How will this donation be used and what are the benefits to the recipients? _____

Has Saulteau First Nations contributed to the requesting charity/organization in the past?

Y_____ N_____

If yes, what and when? _____



Please provide us with any additional comments, directions, or details we may need to know:

The undersigned hereby certifies that a) the information in this application and supported documents are correct to the best of his/her knowledge; and b) funds will be used for the events, use, projects outlined in the application.

Applicant Signature

Date