

Art & Entrepreneurial Spirit Grant Application  
\*applicant must be 12+ years and a Tsartlip Member

Current Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Tsartlip band membership #: \_\_\_\_\_

Project Description:

<input type="checkbox"/> Visual	<input type="checkbox"/> Textile	<input type="checkbox"/> Carving	<input type="checkbox"/> Dance	<input type="checkbox"/> Music
<input type="checkbox"/> Storytelling	<input type="checkbox"/> Writing	<input type="checkbox"/> Film-media	<input type="checkbox"/> Multi-disciplinary	<input type="checkbox"/> Course fee
<input type="checkbox"/> Equipment cost	<input type="checkbox"/> Certification	Other		

1. Please describe your project:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. How will this project contribute to your work as an artist or entrepreneur?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. What are some strengths and skills you feel you have a could potentially share with other entrepreneurs and artists?

\_\_\_\_\_

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4. As part of this process the Project Coordinator can assist with connections to experienced entrepreneurs or artists who will support you through your project as a mentor. Do you wish to have this type of assistance?

\_\_\_\_\_ Yes    \_\_\_\_\_ No    or you may request it through the Project Coordinator as you progress in the development of your project.

5. Which grant are your applying for \_\_\_\_\_ \$1000.00 \_\_\_\_\_ \$500.00 (check only one)

Project start date: \_\_\_\_\_ Estimated Project completion date: \_\_\_\_\_

6. Projected costs:

- Equipment or material purchases: \_\_\_\_\_
- Business plant development: \_\_\_\_\_
- Course or certification cost: \_\_\_\_\_
- Rental of equipment or space: \_\_\_\_\_
- Other: \_\_\_\_\_ Please describe

7. If my application receives funding I agree to:

- Provide receipts
- Maintain the project deadline
- Utilize the funding as identified in the project
- Contact Project Coordinator for support
- Allow the publication of your name and image as a successful recipient of the grant (to the local community and our project partners)
- Allow photographs of self and completed work for as part of the record for this granting process

Applicant Signature: \_\_\_\_\_

Please print name: \_\_\_\_\_  
(Full legal name that will appear any documents related to this grant)

Project Coordinator (use only):

Acknowledgement of receipt of application: \_\_\_\_\_

Date: \_\_\_\_\_

Please bring your complete application to the Tsartlip Health Center, for the attention of the Small Grant Project Coordinator.

Project coordinator: Yetsa Olsen

Contact: Health Office 250-652-4473 or tfnsmallgrant@gmail.com

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This grant is made possible by:



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