

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?

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 (up to) \$1000.00 (up to) \$500.00 (check one only)

Project start date: _____ Estimated Project completion date: _____

Projected costs:

Expenditures/Expenses	Amount	Source/provider Include quote for equipment/material purchase
Equipment purchase	\$	
Material purchase	\$	
Business plan development	\$	
Course/certification cost	\$	
Rental of equipment/space	\$	
Other:	\$	Describe:
Total request	\$	

Project start date: _____ Project completion date: _____

If my application receives funding I agree to all of the following:

- 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
- Attend and present my project at celebration dinner (date and time will be identified by the Project Coordinator).

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

This grant is made possible by:



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