

**APPLICATION FOR LAND BASED CULTURAL CAMP  
DEVELOPMENTAL SUPPORT SERVICES  
WEECHI-IT-TE-WIN FAMILY SERVICES  
2020-2021**

<b>NAME OF COMMUNITY:</b>	<b>ADDRESS:</b>
<b>TELEPHONE NUMBER:</b>	<b>FAX NUMBER:</b>

<b>FUNDING AMOUNT REQUESTED:</b>	
<b>CONTACT PERSON #1 (include email):</b>	
<b>CONTACT PERSON #2 (include email):</b>	
<b>IN A FEW SHORT SENTENCES, TELL US YOUR OBJECTIVES FOR THIS FUNDING:</b>	

In the below section, please provide details of the Covid Safety Plan that will be put in place for the Land Based Cultural Camp:

By signing and dating this application, you agree to submit a **Work Plan** (see attached) with the application. Information regarding reporting requirements will be reviewed and agreed upon with successful applicants.

---

**Applicant's Signature**

---

**Date**

---

**Weechi-it-te-win Family Services' Representative**

---

**Date**



