

**APPLICATION FOR LAND BASED CULTURAL CAMP
DEVELOPMENTAL SUPPORT SERVICES
WEECHI-IT-TE-WIN FAMILY SERVICES
2021-2022**

NAME OF COMMUNITY:	ADDRESS:
TELEPHONE NUMBER:	FAX NUMBER:

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

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 below) 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

