



SANDY BAY OJIBWAY FIRST NATION

P. O. BOX 109, MARIUS MANITOBA R0H0T0

CHIEF
LANCE ROULETTE

COUNCIL
MICHAEL DUMAS
TREVOR PRINCE
BRIAN SPENCE
JASON STARR

Phone: 204-843-2603
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Toll Free: 1-888-600-4393
www.SandyBayFirstNation.com

GUIDELINE FOR OFF RESERVE MEMBERSHIP FOR PANDEMIC COVID-19 PANDEMIC EMERGENCY ASSISTANCE

At a duly convened meeting held on Monday, July 27, 2020, Chief and Council made the motion:

Motion 2020.07.01 Motion made to assist off reserve membership for Covid-19 Emergency Assistance, with a budget totaling \$150,000.00.

1. This will assist the first 500 off reserve head applicants for of household community members for an amount of \$300.00 each.
2. Funding will come from
 - a. \$40,238.00 allocated for Sandy Bay Ojibway First Nation from Southern Chiefs Organization
 - b. \$109,762.00 will be allocated from On-Reserve Covid-19 Emergency Funding from ISC budget.
3. Guidelines must be followed by Off-Reserve Membership to be eligible for assistance and will be attached to this announcement.

Guidelines:

1. Proof of membership:
 - a. Copy of Indian and Northern Affairs Canada Certificate of Indian Status aka Treaty Card
2. Proof of Physical Address (only one required)
 - a. Drivers license or
 - b. Government Issued Identification with Physical Address
3. Proof of Head of Household
 - a. Copy of utility bill showing your name and physical address and can be one of the following:
 - i. Hydro Bill
 - ii. Gas Bill
 - iii. Water Bill
 - iv. Rental Agreement
 - b. Internet, Cable, Telephone and Cell Phone bills will not be accepted
4. Must not have received any other Covid-19 Emergency Assistance from any other Indigenous Organizations.

Key Contact:

Paulie Richard, Band Membership Clerk
Office Number: 204-843-2603 extension 109
Email: paulie@sandybayfirstnation.com



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APPLICATION FORM OFF RESERVE COVID-19 EMERGENCY ASSISTANCE

FULL NAME: _____

DATE OF BIRTH(Y/M/D): _____

TREATY NUMBER (10 DIGITS): _____

COPIES ATTACHED AS PER GUIDELINE REQUIREMENTS:

1. COPY OF TREATY CARD _____
2. COPY OF PROOF OF PHYSICAL ADDRESS _____
3. COPY OF PROOF OF HEAD OF HOUSEHOLD _____

Please list Registered Band Members along with Treaty Number who are living in your household.

Please check which category you fall under below:

1. I have received assistance from another Indigenous Organization _____
2. I have not received any assistance from any other Indigenous Organization _____

I have completed this application to the best of my knowledge and current accurate information has been provided.

Signature

Date

Office Use Only:

Approved: _____

Not Approved: _____

Reviewed By: _____

Date: _____