



# Cold Lake First Nations Funeral Assistance Program 2020-2021

**The Cold Lake First Nations assists families of deceased members of Cold Lake First Nations. This program will assist the family of deceased CLFN member for costs associated with funeral feast expenses in the amount not to exceed \$2500.00.**

**In addition, this program will assist the family of deceased member of the Cold Lake First Nations for costs associated with funeral home expenses. These expenses may be made directly to the funeral home or by reimbursement if the applicant has paid the funeral home directly. These payments will not exceed \$2000.00.**

**The funeral feast amount is eligible to be used for funeral home costs. If a traditional burial is preferred, the applicant can use the full \$4500.00 at their discretion. This is the combination of the funeral feast and funeral home amounts.**

## **In order to qualify for this program, the following criteria must be met:**

- Deceased must be a registered Cold Lake First Nation (CLFN) member.
- Must provide death certificate/invoice from funeral home upon receipt.
- Receipts and services should fall into the fiscal year, April 1<sup>st</sup>- March 31<sup>st</sup>. Receipts older than funding year are not eligible (with the discretion of manager under special circumstances).

## **Method of Payment:**

### **1. Payments made directly to vendor by CLFN (preferable):**

Applications must be supported by documentation of services received:

- Invoice attached. Invoice to be issued in Cold Lake First Nations name whenever possible.*
- Service information attached: members name, dates, times, location and confirmation of services.*
- Full breakdown of costs stamped with an official organization stamp where required.*

### **2. Payments made to vendor by individual:**

CLFN will accept scanned copies of original receipts from vendor or seller.

Please keep your original receipt for 1 year in case we need to request them.

Applications must be supported by documentation of services received:

- *Receipts must include identification of vendor, as well as verification of payment method received.*
- Service information attached: members name, dates, times, location and confirmation of services.*
- *Full breakdown of costs stamped with an official organization stamp where required.*

### **3. Payments made to individual for traditional burial:**

CLFN will assist the family of deceased CLFN member for costs associated with traditional burial not to exceed \$4500.00.

This amount is the combination of the funeral feast and funeral home amounts. Must provide copy of death certificate.

**PROGRAM INFORMATION**

Program funds \$2,500.00/person for costs associated with funeral feast expenses

Program funds \$2,000.00/person for costs associated with funeral home expenses

ALTERNATIVELY:

Program funds \$4,500.00/person for costs associated with traditional burial expenses

**CATEGORY:**

<input type="checkbox"/>	<b>Funeral Feast Expenses</b> \$2,500.00
<input type="checkbox"/>	<b>Funeral Home Expenses</b> \$2,000.00
<b>ALTERNATIVELY:</b>	
<input type="checkbox"/>	<b>Traditional Burial Expenses (combination of above)</b> \$4,500.00

**MANDATORY PERSONAL INFORMATION - PRINT CLEARLY**

**Applicant Information**

Full Legal Name: \_\_\_\_\_

Treaty Number: \_\_\_\_\_

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

City/Prov/Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**Name of Deceased**

Full Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Treaty Number: \_\_\_\_\_

\*A photocopy of Indian Status Card must accompany your request

*Declaration: I hereby certify that information provided is true and accurate and that I have read and understand this policy. I understand that if requested, I will provide further information required to ensure compliance and completion of my application.*

**Applicants Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PAYMENT INFORMATION**

Are you requesting reimbursement? (Please fill out who the payment is payable to)

**If yes, please provide the following:**

o amount requested: \$ \_\_\_\_\_

**If no, directly paid to vendor**

o amount requested: \$ \_\_\_\_\_

**PAYABLE TO:** \_\_\_\_\_

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

**City/Prov/Postal Code:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Cell:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Contact Information:**

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Cold Lake First Nations

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**OFFICE USE ONLY**

Notes:

Authorized signature: \_\_\_\_\_ Date: \_\_\_\_\_