

HOUSING – CONSTRUCTION PROJECT

Proposal Form [1 form per project]

Recipient Name		Recipient #	
Project Title			
Project Category	1.1 Construction of rental housing for social needs		
	1.2 Expansion of existing overcrowded or over-occupied housing		
	1.3 Construction of densified community rental housing		
Project Schedule	Project Planned For: (Year of Completion)	2019–2020	Planned Start Date
		2020–2021	Planned End Date

Housing Unit	Type of Housing				Project Details	
		Individual	Duplex	Quadruplex	Tiny House	Address
Social Section 95					Lot Number	
Band Rental	Semi-Detached		Mobile Home		Total Number of Rooms	
Private Rental	Triplex		Apartments			
Private	Other:					

TO BE COMPLETED – EXPANSION PROJECTS ONLY					Year of Construction	Number of Rooms	
Breakdown of Housing Unit (Total Number)						Current	To Be Added
Adult		Child		Family			

CONSTRUCTION PROJECT DESCRIPTION		
Members(s) involved in the project (check boxes that apply to the project):		
Elderly people	<input type="checkbox"/>	
Persons with disabilities	<input type="checkbox"/>	
Single-parent families	<input type="checkbox"/>	
Families or individuals on social assistance	<input type="checkbox"/>	
Other vulnerable population group	<input type="checkbox"/>	
Member(s) not part of the vulnerable population	<input type="checkbox"/>	
Construction and lot (check boxes that apply):	Yes	No
The lot is serviced (with utilities) and available for the project	<input type="checkbox"/>	<input type="checkbox"/>
The lot is available for the project but must be serviced	<input type="checkbox"/>	<input type="checkbox"/>
There are no lots available	<input type="checkbox"/>	<input type="checkbox"/>
Compliance with all environmental regulations	<input type="checkbox"/>	<input type="checkbox"/>

MANDATORY DOCUMENTS TO ATTACH TO THE PROPOSAL	
	Plan or sketch of the housing unit or expansion
	Project location plan (including lot size)
	Estimated project costs
	Radon test results (applicable to expansion projects only)
	Band Council resolution
In the case of a project for a private owner member, include:	
Name:	
Certificate of Possession (or equivalent) #:	

FINANCING			
ESTIMATED TOTAL COST	First Nations Contribution	Partner Contribution	Contribution Requested from ISC

PROJECT LEAD		
Name		
Telephone		Email Address

The project is supported by a Band Council resolution: YES

NO



Réservé SAC	Propo Adm	Fin
	<input type="checkbox"/> O	<input type="checkbox"/> Cont
	<input type="checkbox"/> N	<input type="checkbox"/> Ref