



Date of Request: ____ / ____ / ____ mm/d/yr

Request for Contribution/Ancillary

Name of Requester: _____

Name of group/Organization: _____

Phone Number: _____ Email: _____

First Nation Name: _____

Type of event: Youth Culture Gathering Harvester Gathering Ceremonial Gathering

Address/location of event: _____

Reputable and Recognized Healer (if needed)

First Name: _____ Last Name: _____

Current Address: _____

Telephone/Cell: _____ Email: _____

Healer Confirms Type of Healing/Ceremony/Teaching

Please check off the type of healing/ceremony you are attending:

- Doctoring – from a Recognized Reputable Healer

Please enter the type of Healing/Ceremony

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Other (please explain)



Ancillary Needs

- Wood
- Rocks
- Fuel

Other needs (please explain)

Requester Signature: _____ Date: ___/___/___ mm/d/yr

Healer Signature: _____ Date: ___/___/___ mm/d/yr

Approval Signature (MKO-THP): _____ Date: ___/___/___ mm/d/yr

Please note that gatherings may not be funded to its entirety, however a contribution may be provided after reviewing the needs of the request.

Kinanaskimitnaw. Meegwetch. Masi Cho. Philamayaye. Merci. Thank you.



Manitoba Keewatinowi
Okimakanak Inc.
**TRADITIONAL HEALER
PROGRAM**

THP Program Manager
THP Assistant Program Manager
THP Administrative Assistant
THP Medical Transportation Coordinator

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