



## OVERLAP CONSULTATION/SHARED TERRITORY PROJECT PROPOSAL

### Privacy Statement

The collection, use and disclosure of your personal information is required for your participation in the Treaty Related Measures (TRM) Program and authorized by program specific legislation. We will collect, use, disclose and protect your personal information in accordance with the [Privacy Act](https://laws-lois.justice.gc.ca/eng/acts/P-21/index.html) (https://laws-lois.justice.gc.ca/eng/acts/P-21/index.html) for Financial Management for the purposes of administering Crown-Indigenous Relations and Northern Affairs Canada financial management and recipient funding agreements in meeting compliance and accountability requirements purposes and uses judged to be consistent with that purpose. In some cases, information may be disclosed without your consent pursuant to subsection 8(2) of the *Privacy Act*. Should you decide not to provide the personal information requested, we will not be able to provide you with the service, program or funding requested. The personal information collected under this initiative is referenced in Personal Information Bank AANDC PPU 300 detailed at [Info Source](https://www.aadnc-aandc.gc.ca/eng/1353081939455/1353082011520) (https://www.aadnc-aandc.gc.ca/eng/1353081939455/1353082011520). You have the right to access personal information that we hold about you and to request correction of erroneous personal information about you. Should you wish to do so, please write to the Director of Access to Information and Privacy at the following address: Access to Information and Privacy, 10 Wellington Street, 18 Floor, Section A, Ottawa, ON K1A 0H4. You may also write by email at [aadnc.aijprdemande-atiprequest.aandc@canada.ca](mailto:aadnc.aijprdemande-atiprequest.aandc@canada.ca). To inquire about applicable legislative authority or to withdraw participation from this program, contact your Regional Office or the departmental Public Enquiries Contact Centre at 1-800-567-9604. If you require clarification about this *Privacy Act* Statement, contact our Access to Information and Privacy Office at 1-819 997-8277. Note that you have a right to file a complaint to the Office of the Privacy Commissioner of Canada regarding our handling of your personal information. To do so, contact the Privacy Commissioner at 1-800-282-1376.

### A. Applicant Information

First Nation or Treaty Organization Name		Organization Number
Mailing Address (Number/Street/Apartment/P.O. Box)		
City/Town	Province/Territory	Postal Code

### Contact

Given Name	Family Name	Title
Telephone Number	Facsimile Number	Email Address

### B. Project Information

Project Name	
Project Start Date (YYYYMMDD)	Project End Date (YYYYMMDD)

### C. Project Summary

Describe how this project advances resolution of shared territory issues and/or advances consultation with the Crown.

Provide a concise purpose statement and briefly describe the project.

### D. Project Objective

Objectives	Activities	Deliverables

### E. Project Staff (Includes consultants, professionals, those in receipt of honoraria)

Name	Project Role	Qualifications



**F. Project Budget Estimates**

**Salaries and Fees**

Project Staff/Consultant Name	Role/Responsibility	Full-Time Salary?	Hours or Days?	Number of Hours/Days	Pay Rate	Cost Estimate

**Salaries and Fees Total**

**Travel Allowance**

Person and Travel Description

Traveller Name	Travel Description		
To (Location)	From (Location)	Number of Trips	
Cost Category	Quantity	Rate	Cost Estimate
Hotel/Lodging			
Travel Fare (Air, Surface, etc.)			
Breakfast			
Lunch			
Dinner			
<b>Meal Allowance Total</b>			
Rental Vehicle			
Gas Mileage (if private vehicle) (in kilometres)			
<b>Travel Allowance Subtotal</b>			

**Travel Allowance (All) Total**

**Other Expenses**

Expense Item	Quantity	Rate	Cost Estimate

**Other Expenses Total**

**Cost Estimate Subtotal**

**Administrative Costs** (5% of Cost Estimate Subtotal or maximum \$10,000, whichever is less)

**Cost Estimate Total**

**Contribution Funding**

	Amount	Percentage
Contribution Total		<b>100%</b>
Third Party Contribution		
CIRNAC Contribution		
Applicant Contribution		

Comments



**G. Supporting Documents** (if applicable)

Title	Submission Method

**H. Declaration**

The information provided is accurate to the best of my knowledge.

Given Name	Family Name	
Title		Date (YYYYMMDD)