



# BASIC ORGANIZATIONAL CAPACITY CONTRIBUTION PROGRAM FUNDING APPLICATION

## Privacy Statement

The collection, use and disclosure of your personal information is required for your participation in the Basic Organizational Capacity Contribution Program and authorized by program specific legislation. We will collect, use and disclose 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 reporting purposes and to build organizational capacity within representative Indigenous organizations. In some cases, information may be disclosed without your consent pursuant to subsection 8(2) of the *Privacy Act*. 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 [ATIP-AIPRP@aadnc-aandc.gc.ca](mailto:ATIP-AIPRP@aadnc-aandc.gc.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*, please contact our Access to Information and Privacy Office at 1-819-997-8277.

Are you applying for a multi-year agreement?

Yes  No

## A. Applicant Information

### Organization

Organization Name

Previous Name(s) of Organization

Scope of Organization's Activities

Local  Municipal  Provincial/Territorial  Regional  National

Legal Status ► Incorporated:  Yes  No

Corporate Registration Number (a copy of the incorporation document is to be attached with the application)

### Contact (person authorized to sign on behalf of the organization)

Given Name	Family Name	Title
Telephone Number	Facsimile Number	Email Address

### Applicant Street Address

Number/Street/Apartment/P.O. Box

City/Town	Province/Territory	Postal Code
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**Applicant Mailing Address**  Same as Street Address

Number/Street/Apartment/P.O. Box

City/Town	Province/Territory	Postal Code	
Telephone Number	Extension	Facsimile Number	Email Address

Web site (if available)

Have you previously received funding from Crown-Indigenous Relations and Northern Affairs Canada?  Yes  No



Under what name?

Year

Do you employ a former (in the last twelve months) public servant in the federal government who is under the Values and Ethic Code for the Public Service?

Yes

No

**B. Proposal Summary Information** (Proposal/Work plan can be submitted as a file attachment through Part E of this form)

Mandate/Objectives of the organization (not necessary to be completed for applicants previously funded unless changes are necessary)

Main priorities/objectives for the year and/or brief description of the activities to be carried out (details are in the proposal to be submitted with the funding application)

Project Start Date (YYYYMMDD)

Project End Date (YYYYMMDD)

Amount of basic organization capacity funding requested

**C. Work Planning Template**

1. Objective/Purpose

Proposed Activity

Expected Output

Projected Expenditure



**D. Budget Summary**

Expenditure Type	Budgeted Expenditures				
	Year 1	Year 2	Year 3	Year 4	Year 5
<b>Salaries</b>					
Staff					
Elected					
Specify					
Sub-Total Salaries					
Rent					
<b>Operation Costs</b>					
Travel - Staff					
Travel - Non-Staff					
Sub-Total Travel					
Consultant					
Legal Services					
Sub-Total Consultants					
Specify					
Sub-Total Operation Costs					
<b>Administration Costs</b>					
Equipment					
Meeting Expenses					
Supplies					
Telephone and Facsimile					
Insurance					
Translation					
Miscellaneous					
Specify					
Sub-Total Administration					
<b>Total Expenses</b>					

**E. Supporting Documents**

The mandatory documents which should be provided with the funding application are listed in the 'Title' drop-down list.

Supporting Document Type	Submission Method



**F. Declaration**

I affirm that the information in this funding application is accurate and complete. I agree to submit an annual audited financial statement that will show all sources of funding received.

**Signing Authority**

Given Name	Family Name	Title
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<b>Signature</b> X	Date (YYYYMMDD)
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**Witness**

Given Name	Family Name	Title
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<b>Signature</b> X	Date (YYYYMMDD)
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**Office Use Only**

Program Officer	Date (YYYYMMDD)
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