

NATION REBUILDING PROGRAM APPLICATION

PAW Number/Fiscal Year:

76966798 (2023-2024)

Purpose:

Application for Nation Rebuilding Program is required to provide a project proposal or work plan that indicates all activities to be undertaken and expected results as per the Nation Rebuilding Program Application Guidelines.

Reporting Period:

For the next fiscal year ending March 31st

Due Date:

The deadline for the 2023 to 2024 call for proposals is **December 16, 2023**. Funding proposals received after the deadline will not be considered.

Field Definitions:

Field	Definition
A. Applicant Information	
Organization Name	The name of the band, tribal council or First Nation organization.
Mailing Address (Number/Street/Apartment/P.O. Box) City/Town Province/Territory Postal Code Telephone Number Extension Primary Email Address Secondary Email Address	The general contact information of the applicant. A valid postal code is in upper case in the format, A#A #A#. A valid telephone number includes the 3 digit area code in the format, ###-###-####. If there is an extension, it has a maximum of 5 digits and is in the format #####. A valid email address may be in upper or lower case in the format a@a.a.
Primary Contact	
Given Name Family Name Title/Position Telephone Number Extension Primary Email Address Secondary Email Address	The name (given and family) and contact information of the project manager (main contact for proposal). A valid telephone number includes the 3 digit area code in the format ###-###-####. If there is an extension, it has a maximum of 5 digits and is in the format #####. A valid email address may be in upper or lower case in the format a@a.a.
Secondary Contact	

Field	Definition
Given Name Family Name Title/Position Telephone Number Extension Primary Email Address Secondary Email Address	The name (given and family) and contact information of the secondary contact person. A valid telephone number includes the 3 digit area code in the format ###-###-####. If there is an extension, it has a maximum of 5 digits and is in the format #####. A valid email address may be in upper or lower case in the format a@a.a.

B. Project Summary

Project Title	Provide a name to identify your project. Maximum 100 characters (approximately 15 words).
Project Start Date (YYYYMMDD)	The scheduled project start date, in the format 'Year Month Day'.
Project End Date (YYYYMMDD)	The scheduled project completion date, in the format 'Year Month Day'.
Briefly summarize your project in your own words.	Brief summary of the project. Maximum 9,000 characters (approximately 1,800 words).
How does your proposal contribute to nation rebuilding by increasing governance capacity for action at the larger nation level?	Brief summary of the main activities: Applicants to enter text information here. Maximum 9,000 characters (approximately 1,800 words).
How does your proposal increase the ability to take on greater sectoral responsibilities, facilitating a phased-in approach to self-determination and ultimately self-governance?	Brief summary of the main activities: Applicants to enter text information here. Maximum 9,000 characters (approximately 1,800 words).
Provide a list of Indigenous groups/communities included in your proposal and their respective population size. - Name of the Group/Community - Registered Population of the Group/Community	Which groups will be engaged in your project? Provide the name and population. For each of these groups, support will be confirmed via a letter or a BCR.

Field	Definition
Add a new row (click [+] on the left side) for each additional group	
Describe how you will report to participating groups/communities on the use of the funds received, the activities undertaken and the results achieved.	<p>Provide a description of how you will report to participating groups/communities on the use of the funds received, the activities undertaken and the results achieved.</p> <p>Maximum 9,000 characters (approximately 1,800 words).</p>
How do you intend to ensure that project activities are accessible to and inclusive of all community member (all genders, sexual orientations, ages, abilities, etc.)?	<p>Provide a description of how you intend to ensure that project activities are accessible and inclusive.</p> <p>Maximum 9,000 characters (approximately 1,800 words).</p>

C. Project Work Plan and Budget

Fiscal Year	Select the fiscal year from the drop-down menu.
Objective	<p>Enter a short description of the objective. An objective is a statement of what you want the project to achieve.</p> <p>Maximum 100 characters (approximately 15 words).</p>
Activity	<p>Eligible activities are those supporting the program objective.</p> <p>List and describe the eligible activities. Indicate how they will contribute to the stated objective of this project. An activity is a key event, action or task required to complete an objective. Often, multiple activities are required to achieve an objective. If known, identify the person(s) responsible for the activity.</p> <p>Maximum 150 characters (approximately 22 words).</p> <p>Note: You can add additional lines for more project activities per objective by using the [+] button. If you run out of space, you can refer back to a more full description in your Program Summary (section B), or add additional pages.</p> <p>Refer to the Program Application Guidelines located on the CIRNAC website when filling out this section (https://www.rcaanc-cirnac.gc.ca/eng/1591290033278/1591290088284#tag).</p>

Field	Definition
<p>Cost Category</p> <ul style="list-style-type: none"> - Honoraria - Accommodation/ Event Rentals - Salaries - Employee Travel Expenses - Professional Fees - Professional Travel Expenses - Other Eligible Expenses (specify) 	<p>For each activity, specify the related costs under each category. You can add more lines for additional costs using the [+] button by the activity line.</p> <p>For each applicable cost category fill the row of the table with budget details:</p> <ul style="list-style-type: none"> - Name/Title (Maximum 100 characters (Approximately 15 words)) - Description (Maximum 300 characters (Approximately 45 words)) - Rate or Cost: Amount in the format \$0.00 (dollar value only). - Unit: Select unit (/hour, /day, /month, /year, N/A) - Quantity: Number in the format ### (unit value only) - Total: Will calculate automatically <p>Refer to the Program Application Guidelines located on the CIRNAC website when filling out this section (https://www.rcaanc-cirnac.gc.ca/eng/1591290033278/1591290088284#tag).</p>
<p>Deliverable(s) (if applicable)</p>	<p>What completed products or defined results will be produced out of this activity? Deliverables will be reported on in the final activity report.</p> <p>Maximum 300 characters (Approximately 45 words).</p>
<p>Target Completion Date (EST)</p>	<p>What date do you anticipate completing this activity?</p>
<p>Objective Total Cost</p>	<p>Total cost will calculate automatically.</p>
<p>Administration Costs</p> <ul style="list-style-type: none"> - Audit preparation - Other reporting costs (describe) - Office space rental - Office supplies and materials - Administration General - Other (specify) 	<p>For each applicable cost category fill the table with budget details:</p> <ul style="list-style-type: none"> - Name/Title (Maximum 100 characters (Approximately 15 words)) - Description (Maximum 300 characters (Approximately 45 words)) - Rate or Cost: Amount in the format \$0.00 (dollar value only). - Unit: Select unit (/hour, /day, /month, /year, N/A) - Quantity: Number in the format ### (unit value only) - Total: Will calculate automatically
<p>Administration Total Cost</p>	<p>Total cost will calculate automatically.</p>

Field	Definition
Total Budget Request for Fiscal Year	Total budget request for the fiscal year selected will calculate automatically.
Funding Sources Breakdown	
CIRNAC – NRP	Total funding requested under Nation Rebuilding Program for a fiscal year will be automatically calculated.
Applicant Contribution	Provide the contribution amount from the Applicant.
Additional Sources	Provide the name and contribution amount(s) from each source of funding, other than CIRNAC and Applicant. Maximum 40 characters (Approximately 7 words).
Additional Sources: Total	Total contribution from sources of funding other than CIRNAC and Applicant will calculate automatically.
Total Funding Request from Nation Rebuilding Program (All Fiscal Years)	Total funding request from Nation Rebuilding Program (all fiscal years) will calculate automatically.

D. Required Documents

<p>Your application package must include the following (check when completed):</p> <ul style="list-style-type: none"> • Proof of the applicant being mandated to undertake the initiatives • Proof of the applicant being incorporated and in good standing • A valid signed resolution (corporate or Band Council) from each Indigenous group/ community/ organization benefitting in or participating in the project authorizing the applicant to act on behalf of their organization and, if financial assistance is obtained, sign a Master Contribution Agreement or Amendment. • Letters of support from partners contributing financially or in-kind to this project. Amount must be identified in the letter. • An outline of intended services for each participating consultant 	<ul style="list-style-type: none"> • Provide the proof that the applicant is mandated to undertake the initiatives on behalf of the individual member communities or organizations (for example, band council resolution, support letters) • Provide the proof that the applicant is incorporated and in good standing. <p>A valid and signed resolution should include:</p> <ul style="list-style-type: none"> • The [Name of the governance body] (i.e. Board of Directors, Governing Council, Band Council, etc.) • Authorize [Name of the applicant] to enter into a Contribution Agreement with the Indigenous Services Canada/Crown Indigenous Relations and Northern Affairs; and • Designate the duly authorized signatory(ies) to be [enter name or names and titles here], on behalf of [Name of the applicant], for the purposes of signing the application for funding, the Contribution Agreement, or any other documents required under the Contribution Agreement. • Signed by quorum <p>Note: If the signing authority is given to more than one individual, please specify what documents each of the individuals is authorized to sign on behalf of the</p>
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Field	Definition
detailing their rate, amount of time required and services or products to be delivered.	<p>Applicant; and if more than one individual is designated to sign a specific document, please specify whether one signature would be sufficient or if each of the individuals must sign.</p> <p>Signature block on the Resolution: should include signature(s) and title(s) of authorized signatory(ies) and the date of signature.</p> <p>Note: in some cases, alternatives to a formal Council resolution may be acceptable, provided they clearly and authoritatively indicate the support of each participating community or group. Please contact the Department as early as possible if you wish to discuss alternative options.</p>
Supporting Documents	
Title	Provide a list of documents submitted in support of the application. Enter the name of the supporting document.
Submission Method	<p>From the drop-down list, select the method by which support letters will be submitted.</p> <p>If you select 'Attachment' as the submission method, an 'Attach File' button will appear. Selecting this button allows you to select a file that will be attached to the form. After attaching the file you can click on the paper clip icon on the left side of the Adobe application to see the attached file. Once the file is attached, the "Attach File" button changes to "Remove File". To remove the file only, select this button. To clear all fields for a single document and remove the associated file, select the [-] button.</p>
Involvement of former public servant?	The applicant agrees to disclose involvement of any former public servants as per the Values and Ethics Code for the Public Service.
Notice of Information Sharing	Check box to agree that you understand that the information in this document might be shared with other CIRNAC and ISC sectors for funding management purposes.
E. Declaration	
Given Name Family Name Title Date (YYYYMMDD)	The given name, family name and position title of the person who acknowledged the accuracy of the information, and the date on which it was completed.