

BAND SUPPORT FUNDING APPLICATION

Note ► This template is for use by the following departments: Crown-Indigenous Relations and Northern Affairs Canada (CIRNAC) and Indigenous Services Canada (ISC).

Privacy Statement

This statement explains the purposes for the collection and use of personal information. Only information needed to respond to program requirements will be requested. Collection and use of personal information are in accordance with the *Privacy Act* (https://laws-lois.justice.gc.ca/eng/acts/P-21/index.html). In some cases, information may be disclosed without your consent pursuant to subsection 8(2) of the *Privacy Act*. The collection and use of your personal information for the Governance Capacity Programs are authorized by the *Department of Indigenous Services Act* (*S.C. 2019, c. 29, s. 336*) (https://laws-lois.justice.gc.ca/eng/acts/I-7.88/index.html), the *Department of Crown-Indigenous Relations and Northern Affairs Act* (*S.C. 2019, c. 29, s. 337*) (https://laws-lois.justice.gc.ca/eng/acts/C-49.8/index.html) and s. 122 (1), 123 (1) and 124 (1) of the *Financial Administration Act* (https://laws-lois.justice.gc.ca/eng/acts/F-11/page-1.html) and required for your participation. We will use your personal information for evaluation purposes in order to respond to your Capacity Development Plan. The information collected is described in Personal Information Bank AANDC PPU 300, detailed at Info Source (https://www.sac-isc.gc.ca/eng/1639748667069), and will be retained for a period of 30 years and then the records are transferred to the Library and Archives Canada. As stated in the *Privacy Act*, you have the right to access your personal information and request changes to incorrect information. Contact the departmental Public Enquires Contact Centre at 1-800-567-9604 to notify us about incorrect information. For more information on privacy issues and the *Privacy Act* in general, you may consult the Privacy Commissioner at 1-800-282-1376.

Identification

Recipient Name		Recipient Number	Region	
Contact				
Given Name	Family Name	Title		
Telephone Number	Email Address			
Application Information				
Tribal Council Affiliation/Tribal Council Name (if applicable)			Tribal Council Number (if applicable)	
Supporting Documents (if applicable)				
Title			Submission Method	
		·		
Declaration				
The information provided is accurate to the best of my knowledge.				
Given Name	F	amily Name		
Title				Date (YYYYMMDD)

