

TRIBAL COUNCIL CONSOLIDATED FUNDING APPLICATION

PAW Number/Fiscal Year:

5677664 (2023-2024)

Purpose:

This form represents the first stage in the eventual creation of a single application for all programs that tribal councils are eligible to manage.

Some programs may be excluded from this consolidated application where they collect certain types of personal/privacy information, and/or where the program already has an Information Technology solution in place for collecting information. Please see The Reporting Guide to access programs not yet included in this consolidated form.

This form can be submitted to the Department multiple times, to apply for one or more programs at a time. In addition, multiple applications for the same program can be submitted as part of the same form.

Due Date:

Please see the instructions found in each section of this form for individual program due dates.

Field Definitions:

| Field | Definition |
|---|---|
| Identification | |
| Recipient Name | The legal name of the community, institution, organization or other group responsible for administering the program as outlined in the funding agreement. |
| Recipient Number | The number assigned to the tribal council by Crown-Indigenous Relations and Northern Affairs Canada (CIRNAC)/Indigenous Services Canada (ISC) through a previous transfer payment funding agreement. |
| Region | From the drop-down list, select the CIRNAC/ISC Region to which this report is being submitted. |
| Telephone Number Facsimile Number Website Email Address | The tribal council's contact information. A valid telephone or facsimile number includes the 3 digit area code in the format ###-###-####. A valid email address may be in upper or lower case in the format a@a.a. |
| Mailing and Street Addresses | |
| Number/Street/Apartment/P.O. Box City Province/Territory Postal Code | The tribal council's mailing and street addresses. A valid postal code is in the upper case in the format A#A#A#. |

| Field | Definition |
|--|---|
| Contact | |
| Given Name Family Name Title/Position Telephone Number Extension Number Facsimile Number Email Address | The given name, family name, position title, telephone number and extension, facsimile number and email address (if applicable) of the person who can be contacted for further information about the application. A valid telephone or facsimile number includes the 3 digit area code in the format ###-###-####. A valid email address may be in upper or lower case in the format a@a.a. |
| Mailing and Street Addresses | |
| Number/Street/Apartment/P.O. Box City Province/Territory Postal Code | The contact's mailing and street addresses. A valid postal code is in the upper case in the format A#A#A#. |
| List of Applications/Proposals | |
| Application/Proposal Name | The applications/proposals that the tribal council would like to complete. |
| Number of Instances | The number of instances for each proposal/application that the tribal council requires. |
| Supporting Documents (if applicable) | |
| Associated Application/Proposal | The application/proposal for which the supporting document is being submitted. |
| Submission Method | From the drop-down list, select the method by which the attachment will be submitted. The options include: <ul style="list-style-type: none"> - Attachment - Email - Facsimile - Mail - By Hand/Courier If you select 'Attachment' as the submission method, an 'Attach Document' 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. To add an additional attachment, select the [+] Add button. To remove the attachment or row, select the [X] button. |
| Supporting Document Name | The name of the supporting document, unless it is attached directly to the form. |
| Submission Date | The date when the supporting document will be submitted, unless it is attached directly to the form. Dates are in the format of 'Year Month Day'. |

| Field | Definition |
|---|---|
| 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. Dates are in the format of Year-Month-Day. |