



OVERLAP CONSULTATION/SHARED TERRITORY PROJECT PROPOSAL

Privacy Statement

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A. Applicant Information

First Nation or Treaty Organization Name	Organization Number
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Mailing Address (Number/Street/Apartment/P.O. Box)
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City/Town	Province/Territory	Postal Code
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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			Quantity	Rate	Cost Estimate
To (Location)	From (Location)		Number of Trips			
Hotel/Lodging						
Travel Fare (Air, Surface, etc.)						
Breakfast						
Lunch						
Dinner						
Meal Allowance Total						
Rental Vehicle						
Gas Mileage (if private vehicle) (in kilometres)						
Travel Allowance Subtotal						

Person and Travel Description

Traveller Name	Travel Description			Quantity	Rate	Cost Estimate
To (Location)	From (Location)		Number of Trips			
Hotel/Lodging						
Travel Fare (Air, Surface, etc.)						
Breakfast						
Lunch						
Dinner						
Meal Allowance Total						



Cost Category	Quantity	Rate	Cost Estimate
Rental Vehicle			
Gas Mileage (if private vehicle) (in kilometres)			
Travel Allowance Subtotal			

Travel Allowance (All) Total			
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Other Expenses

Expense Item	Quantity	Rate	Cost Estimate

Other Expenses Total			
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Cost Estimate Subtotal			
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Administrative Costs (5% of Cost Estimate Subtotal or maximum \$10,000, whichever is less)			
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Cost Estimate Total			
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Contribution Funding	Amount	Percentage
Contribution Total		100%
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)