

OVERLAP CONSULTATION/SHARED TERRITORY PROJECT PROPOSAL

Privacy Statement

A Applicant Information

The collection, use and disclosure of your personal information is required for your participation in the Treaty Related Measures (TRM) Program and authorized by program specific legislation. We will collect, use, disclose and protect your personal information in accordance with the *Privacy Act* (https://laws-lois.justice.gc.ca/eng/acts/P-21/index.html) for Financial Management for the purposes of administering Crown-Indigenous Relations and Northern Affairs Canada financial management and recipient funding agreements in meeting compliance and accountability requirements purposes and uses judged to be consistent with that purpose. In some cases, information may be disclosed without your consent pursuant to subsection 8(2) of the *Privacy Act*. Should you decide not to provide the personal information requested, we will not be able to provide you with the service, program or funding requested. The personal information collected under this initiative is referenced in Personal Information Bank AANDC PPU 300 detailed at Info Source (https://www.rcaanc-cirnac.gc.ca/eng/1353081939455). 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 <a href="mailto:aandre.aand

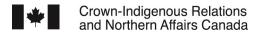
A. Applicant illiormati								
First Nation or Treaty Organization Name					Organization Number			
Mailing Address (Number/s	Street/Apartment/P.O. Box)							
City/Town			Province/Territory	Postal Code				
Contact								
Given Name	Family Name		Title					
Telephone Number	Facsimile Number		Email Address					
B. Project Information								
Project Name								
Project Start Date (YYYYMMDD)		Project End Date (YYYYMMDD)						
C. Project Summary								
Describe how this project a	advances resolution of shared te	erritory is:	sues and/or advances cons	ultation with the C	rown.			
Provide a concise purpose	statement and briefly describe t	he projed	ct.					
D. Project Objective								
Objectives			Activities)eliverables				



Crown-Indigenous Relations and Northern Affairs Canada

E. Project Staff (Includes consulta	ants, professionals, th	ose in re	ceipt of honora	aria)				
Name			Project Role			Qualifications		
F. Project Budget Estimates								
Salaries and Fees								
Project Staff/Consultant Name	Role/Responsib	ility	Full-Time Salary?	Hours or Days?	Number of Hours/Days	Pay Rate	e Cost Estimate	
							.	
T					Salaries and Fees Total			
Travel Allowance								
Person and Travel Description		Travali	December 1					
Traveller Name			Travel Description					
To (Location)			From (Location)				Number of Trips	
Cost Category					Quantity	Rate	Cost Estimate	
Hotel/Lodging Travel Fare (Air, Surface, etc.)								
Breakfast								
Lunch								
Dinner								
Diffiner					Meal Allov	1		
Rental Vehicle					Wiedi 7 met	variou i ota		
Gas Mileage (if private vehicle) (ir	kilometres)							
					avel Allowan	ce Subtota	al	
Person and Travel Description								
Traveller Name		Travel [Description					
To (Location)			From (Location)			Number of Trips		
Cost Category			,			Rate	Cost Estimate	
Hotel/Lodging					-			
Travel Fare (Air, Surface, etc.)								
Breakfast								
Lunch								
Dinner								
					Meal Allov	vance Tota	ı	





Relations Couronne-Autochtones et Affaires du Nord Canada

PROTECTED **A** (When Completed)
PAW 10138570.BC (2023-2024)
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Cost Category				Rate	Cost Estimate		
Rent	al Vehicle						
Gas I	Mileage (if private vehicle) (in kilometres)						
Travel Allowance Subtotal							
		Tra	vel Allowand	e (All) Tota			
Other E	xpenses						
Expens	Expense Item Quantity Rate				Cost Estimate		
Other Expenses Total							
Cost Estimate Subtotal							
Administrative Costs (5% of Cost Estimate Subtotal or maximum \$10,000, whichever is less)							
Cost Estimate Total							
Contribution Funding Amount					Percentage		
Contribution Total					100%		
Third Party Contribution							
CIRNAC Contribution							
Applicant Contribution							
Comments							
G. Sup	pporting Documents (if applicable)						
Title Submission				mission Meth	od		
H. Dec	laration						
The info	ormation provided is accurate to the best of my knowledge.						
Given N		Family Name					
Title				D	ate (YYYYMMDD)		