

### PROFESSIONAL AND INSTITUTIONAL DEVELOPMENT PROGRAM 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 Professional and Institutional Development Program Application. 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 Enquiries 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

Applicant Name		Applicant Number	Region		
Contact					
Given Name	Family Name	Title/Position			
Mailing Address (Number/Street/Apartment/P.O. Box)					

City/Town		Province/Territory	Postal Code
Telephone Number	Facsimile Number	Email Address	
Application Information			

Application Title

Application Summary (describe objectives, expected outcomes and successes, as well as any deliverables that will result from this project.)

Start Date of Proposed Activities (YYYY	MMDD)		End Date of Proposed	d Activities (Y)	YYYMMDD)	
Is this a continuing project? O Yes	∩ No	Please describe:				
Budget Summary						
Budget Item		Description	Rate or Cost (\$)	Unit	Quantity	Cash Total (\$)
	Total Budget Amount (\$)					
Total Requested Amount (\$)						

Comments

Other Funding



# Source Description Outcome Amount (\$)

Supporting Documents (if applicable)					
This table allows you to identify the support	ting document(s) being subr	nitted and the method of submission.			
Document Type	Document Type Title		Submission Method		
Declaration					
The information provided is accurate to the	best of my knowledge.				
Given Name		Family Name			
Title			Date (YYYYMMDD)		