

EMERGENCY MANAGEMENT ASSISTANCE PROGRAM APPLICATION

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 Emergency Management Assistance Program are authorized by the *Department of Indigenous Services Act (S.C. 2019. c. 29. s. 336)* (https://laws-lois.justice.gc.ca/eng/acts/l-7.88/index.html), s. 122 (1), 123 (1) and 124 (1) of the *Financial Administration Act* (https://laws-lois.justice.gc.ca/eng/acts/i-5/), and are required for your participation. We will use your personal information for this project or work plan funding application in order to respond to your request(s) and/or program requirements. The information collected is described in Personal Information Bank AANDC PPU 090, detailed at Info Source (https://www.aadnc-aandc.gc.ca/eng/1353081939455/1353082011520), and is retained indefinitely by Indigenous Services Canada, who shares information with AANDC PPU 110 for validation and data matching purposes. 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.

Consult your ISC regional office to confirm eligibility and to clarify program funding requirements.					
Recipient Information					
Recipient Name (First Nation or Organization)			F	Recipient Number	
Emergency Program Coord	inator/Project Lead		I		
Given Name	Family Name		Telephone Number	Facsimile Number	
Email Address			<u> </u>		
Project Information					
Project Title			F	Region	
Project Type ►	tructural Mitigation and Preparedness	◯ FireSmar	rt		
	ed or updated any assessments in the lassessment, Fire Mapping, Flood Map				
Does this project relate to a re	ecommendation from an Emergency Op	peration Center of	or any plans mentioned a	bove? Please specify.	
Project Description					
Project Deliverables					
Detailed Budget attached	I				
Supporting Documentation	on attached				
Community Support Lette	ers attached, if application covers multip	ole communities			
Funding Requested					



Services aux Autochtones Canada

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Are you applying for a multi-year project	?		
○ Yes ○ No			
Items			Amount (\$)
			·
		Total Requested from ISC I	>
Other Sources of Funding			Amount (\$)
Funding provided by your First Natio	n		
Funding provided by Regional Distric	t/Local Government/Other		
		Total Funding from Other Sources I	>
Optional - Additional Information			-
Has your community experienced emerg	ency events in the past? If so what	at type of emergencies and when?	
Do you agree to have ISC's Emergency preparedness or non-structural mitigation		n contact you to discuss highlighting your em	nergency
○ Yes ○ No	. ,		
Declaration			
The information provided is accurate to t	he best of my knowledge.		
Given Name	Family Name	Title	
Signature			Date (YYYYMMDD)

Electronic signatures and email attestations are acceptable in lieu of ink signature. Please speak to your regional coordinator.