



# INDIGENOUS ADVISORY AND MONITORING COMMITTEE PROPOSAL TEMPLATE

## A. APPLICANT INFORMATION

1. LEGAL NAME OF APPLICANT:		2. PREFERRED NAME, IF DIFFERENT:	
3. MAILING ADDRESS:			
4. CITY/TOWN:	5. PROVINCE:	6. POSTAL CODE:	
7. TYPE OF ORGANIZATION			
INDIGENOUS		NON-INDIGENOUS	
<input type="checkbox"/> Community or government <input type="checkbox"/> Not-for-profit organization <input type="checkbox"/> Corporation		<input type="checkbox"/> Municipality or other government entity <input type="checkbox"/> Not-for-profit organization <input type="checkbox"/> Corporation	
		7a. INDIGENOUS PARTNER/ENDORSEMENT FROM:	
8. BUSINESS NUMBER / GST NUMBER:	9. INCORPORATED:		10. DATE OF INCORPORATION:
	<input type="checkbox"/> Federally	<input type="checkbox"/> In the Province of:	<input type="checkbox"/> N/A Click or tap to enter a date.
		<input type="checkbox"/> N/A	<input type="checkbox"/> N/A

11. DESCRIPTION OF MANAGEMENT AND GOVERNANCE:

## B. PROJECT INFORMATION

1. FUNDING STREAM:	2. PRIORITY OR ACTIVITY
<input type="checkbox"/> Trans Mountain Expansion Project <input type="checkbox"/> Line 3 Replacement Project	<input type="checkbox"/> Engagement and Communications <input type="checkbox"/> Capacity support and organizational development <input type="checkbox"/> Research, studies and data gathering <input type="checkbox"/> Development of frameworks, plans and strategies <input type="checkbox"/> Other
3. OBJECTIVE:	



Environmental protection and/or  
emergency planning

Enhance social-economic  
outcomes

Enhanced public safety

4. PROJECT TITLE:

5. DESCRIPTION OF THE PROJECT AND ACTIVITIES:

6. EXPECTED DELIVERABLES AND BENEFITS OF THE PROJECT:

7. EXPECTED BENEFITS:

For **at least** one of the following indicators, please identify the numeric value of the expected outcome.

# of information sharing and community discussions facilitated		# of communities with increased capacity in environmental monitoring and emergency planning	
# of communities supported by the development of frameworks, plans and strategies		# of communities with increased access to employment and/or business opportunities	

8. ARE YOU SUBMITTING THIS PROPOSAL IN PARTNERHIP WITH ANY OTHER GROUPS OR ORGANIZATIONS?

If yes, please describe the partnership and provide a list of the groups involved.

Yes

No



9. ESTIMATED PROJECT START DATE:	10. ESTIMATED PROJECT COMPLETION DATE:
Click or tap to enter a date.	Click or tap to enter a date.

**11. ESTIMATED PROJECT COSTS:**  
Using the following table, briefly describe the costs to be incurred and identify the amounts budgeted.

CATEGORY	DESCRIPTION	ESTIMATED COST
<b>Salaries and Benefits</b> Identify salaries designated solely for the time dedicated to support the project.		
<b>Professional Services</b> Identify the nature of the work to be completed.		
<b>Travel</b> Travel in accordance with National Joint Council Travel Directive.		
<b>Honoraria</b> Identify the rate and nature of the activity.		
<b>Hospitality</b> Identify the rate and nature of the meeting/function.		
<b>Rentals</b> Identify the external facility and expected number of participants.		
<b>Administration</b> <i>(up to 10% of eligible expenditures)</i>	Expenses related to administration and reporting on the funding from NRCan. Office supplies and overhead are not eligible.	
<b>TOTAL</b>		

**12. ESTIMATED FUNDING AMOUNT:**

GOVERNMENT	FUNDING PARTNER	TYPE OF SUPPORT	AMOUNT
	NATURAL RESOURCES CANADA	<input type="checkbox"/> Cash <input type="checkbox"/> In-kind	
		<input type="checkbox"/> Cash <input type="checkbox"/> In-kind	
		<input type="checkbox"/> Cash <input type="checkbox"/> In-kind	
		<input type="checkbox"/> Cash <input type="checkbox"/> In-kind	
<b>TOTAL</b>			

13. HAVE YOU RECEIVED ASSISTANCE FROM NRCAN PREVIOUSLY?       Yes       No



14. DO YOU REQUIRE AN ADVANCE? Please provide a rationale below.	<input type="checkbox"/> Yes <input type="checkbox"/> No

### C. SUPPORTING DOCUMENTATION

Please provide the required supporting documentation as outlined below:

ENGAGEMENT PROJECTS	ALL OTHER PROJECTS
Band Council Resolution (or equivalent)  Breakdown of Travel Costs (e.g. number of days, kilometres to be traveled, participants, etc.)	Incorporation Documents (for corporations and not-for-profits) Band Council Resolution from each participating group Financial Statements Project Timeline Project Cash Flow

### D. PROPOSAL CONTACT PERSON

1. NAME OF CONTACT:		2. JOB TITLE:	
3. EMAIL:	4. TELEPHONE NUMBER:	5. ALTERNATE NUMBER:	
	(       )	(       )	
6. OFFICIAL LANGUAGE FOR CORRESPONDANCE:			
<input type="checkbox"/> English <input type="checkbox"/> French			

### E. INFORMATION SHARING AND CERTIFICATION

- The information entered here on all supporting documents, as well as any other information collected by or on behalf of Natural Resources Canada (NRCan) to process proposals for grants and contributions, is collected pursuant to the *Department of Natural Resources Act* and the *Financial Administration Act*.
- The information provided to NRCan will be treated in accordance with the Access to Information Act and the Privacy Act. The information is secured from unauthorized access.
- There is no obligation to provide the requested information but failure to do so may prevent NRCan from considering the application.
- I authorize NRCan to make inquiries required to assess this proposal, and consent to the collection of information.
- I consent to the sharing of the information collected with other federal and provincial departments and agencies for the administration of the grants and contributions program.
- I consent to the use of the information for policy analysis, research and/or evaluation of NRCan programs.
- I certify that the information provided is, to the best of my knowledge and ability, complete, true and correct, and this will apply to all information provided in the future in connection with the assessment of the proposal.

**I have read and understood the above Information Sharing and Certification. I consent to the collection, use and disclosure of information as described, make the certification as stated and authorize the actions indicated.**





SIGNATURE OF AUTHORIZED OFFICIAL

DATE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
TITLE