08

**Fall**

Application Form  
Northern Participant Funding Program  
December, 2018

**9 Annex A: Participant Funding Application Form**

*Please refer to “How to Complete Your Application Form” of the guide entitled “Participant Funding” when completing this application.*

**Step 1: Eligibility Checklist**

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| **A** | **Eligibility Checklist** | |
| 1 | Are you, your group or the organization you represent a for-profit organization? | Yes  No |
| Do you, your group or the organization you represent have a direct commercial interest in the development? | Yes  No |
| Do you, your group or your organization represent another level of government, other than an Aboriginal government? | Yes  No |
| ***If the answer to any of the above questions is yes, you are ineligible for participant funding. If not, proceed with A.2.*** | | |
| 2 | Do you have a direct, local interest in the development, such as living or owning property in the development area? | Yes  No |
| Do you have an interest in potential impacts to related claims and rights? | Yes  No |
| Do you have community knowledge, Indigenous Traditional Knowledge or Inuit Qaujimajatuqangit relevant to the environmental assessment? | Yes  No |
| Do you plan to provide expert information relevant to the anticipated environmental impacts of the project? | Yes  No |
| Voluntary Disclosure: Are you an Indigenous person or do you represent an Indigenous Organization? | Yes  No |
| ***If the answer to any of the above questions is yes, you are eligible for participant funding, proceed with A.3.*** | | |
| 3 | Do you, your group or the organization you represent have any involvement, personal, family, or business relationship with the proponent of the project for which the funding is being offered, and/or any government departments or agencies involved? | Yes  No |
| **If so, please explain (1 page maximum)** | |
| Is the applicant a former public servant who is required to abide by *the Conflict of Interest and Post-employment Guidelines of the Values and Ethics Code for the Public Service*? | Yes  No |

**Step 2: Applicant Information**

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| **B** | **For Completion by Individual Applicants (see instructions)** | | | | | | | |
| **Surname (Last name)** | | | | | **Full given names** | | | |
| **Mailing Address** | | | **City/Town** | | | **Territory** | | **Postal Code** |
| **Telephone Number** | | **Fax Number** | | **Email Address** | | | **Language of Correspondence** | |

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| **C** | **For Completion by Organization (see instructions)** | | | | | | | |
| **Name of Organization or Unincorporated Entity** | | | | | | | | |
| **Mailing Address** | | | **City/Town** | | **Territory** | | | **Postal Code** |
| **Telephone Number** | | **Fax Number** | | **Email Address** | | **Language of Correspondence** | | |
| **Is your organization incorporated? Yes**  **No** | | | | **Federal No.** | | | **Provincial No.** | |
| **Business number (Canada Customs and Revenue Agency)** | | | | **GST/HST rebate #** | | | **GST/HST rebate %** | |
| **Describe your or your organization’s major goals and mandate** | | | | | | | | |

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| **D** | **Project Information** | |
| **Project Name** | | **Project Location** |
| **Please specify which phases and steps of the assessment you intend to participate in:** | | |
| **Describe your interest in the assessment** | | |
| **Have you applied or will be applying for funds from other sources to participate in the assessment process?**  Yes  No | | |
| **If yes, please specify funding level and the source.** | | |

**Step 3: Description of Proposed Activities**

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| **E** | **Description of Proposed Activities** |
| **Describe your proposed contribution to the assessment. Include your objectives, proposed activities and how they may contribute to the assessment.** | |
| **Identify your capacity to carry out the proposed activities.** | |
| **Describe relevant experience, expertise and skills you or your organization has that will help you to carry out your proposed activities.** | |
| **Describe why you believe your participation will bring an important and distinct perspective to the assessment.** | |
| **Have you or your organization made an effort to cooperate with other individuals or organizations in preparing a funding application? Yes**  **No** | |
| **If yes, please specify the name(s) of individual(s) and/or organization(s).** | |
| **How are the proposed activities related or contribute to your ongoing business? How do they affect your workload?** | |

**Step 4: Funding Requested**

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| **F** | **Travel Expenses** | | |
| **Item** | | **Rationale** | **Estimated Cost** |
| **1)** | |  |  |
| **2)** | |  |  |
| **3)** | |  |  |
| **Summarize the objective of the travel** | | | |
| **No. of Travelers** | | **Rationale for the number of travelers** | |

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| **G** | **Collection or Distribution of Information** | | | |
| **Activity** | | **Priority Level (low/moderate**  **/high)** | **Justification** | **Total Cost** |
| 1) | |  |  |  |
| 2) | |  |  |  |
| 3) | |  |  |  |

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| **H** | **Professional Fees** | | | | | |
| **Name of Company/Firm/Individual** | | **Priority Level (low/moderate**  **/high)** | **Activity** | **Daily Rate** | **# of Days** | **Total Cost** |
| 1) | |  |  |  |  |  |
| 2) | |  |  |  |  |  |
| 3) | |  |  |  |  |  |
| **Brief Explanation of each Company/Firm/Individual’s expertise and relevance to the assessment:**  **1)**  **2)**  **3)** | | | | | | |
| **Justification of daily rate, if necessary:** | | | | | | |
| **Related expenses:** | | | | | | |
| **Justification of the number of experts involved, if necessary:** | | | | | | |

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| **I** | **Legal Fees** | | | | | |
| **Name of Company/Firm/Individual** | | **Priority Level (low/moderate**  **/high)** | **Activity** | **Daily Rate** | **# of Days** | **Total Cost** |
| 1) | |  |  |  |  |  |
| 2) | |  |  |  |  |  |
| 3) | |  |  |  |  |  |
| **Brief Explanation of each Company/Firm/Individual’s expertise and relevance to the assessment:**  **1)**  **2)**  **3)** | | | | | | |
| **An explanation of why legal research or representation is important to your participation in the assessment:** | | | | | | |
| **Justification of per diem rate, if necessary** | | | | | | |
| **Related expenses:** | | | | | | |

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| **J** | **Office Supplies and Telephone Charges** | | | |
| **Office Supplies and Telephone Supplies** | | **Priority Level (low/moderate**  **/high)** | **Justification** | **Total Cost** |
| 1) | |  |  |  |
| 2) | |  |  |  |
| 3) | |  |  |  |

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| --- | --- | --- | --- | --- |
| **K** | **Office Rental Space and Meeting Rooms** | | | |
| **Office Rental Space and Meeting Rooms** | | **Priority Level (low/moderate**  **/high)** | **Justification** | **Total Cost** |
| 1) | |  |  |  |
| 2) | |  |  |  |
| 3) | |  |  |  |

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| **L** | **Staff Salaries** | | | | |
| **Name of Individual** | | **Priority Level (low/moderate**  **/high)** | **Daily Rate** | **# of Days** | **Total Cost** |
| 1) | |  |  |  |  |
| 2) | |  |  |  |  |
| 3) | |  |  |  |  |
| **Brief explanation of each individual’s expertise and relevance to the assessment:**  **1)**  **2)**  **3)** | | | | | |
| **For each individual, attach a statement that the individual will be working full time on activities related to their participation in the assessment.** | | | | | |

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| **M** | **General Media Advertising and Promotion** | | | |
| **Action/Item** | | **Priority Level (low/moderate**  **/high)** | **Justification** | **Total Cost** |
| 1) | |  |  |  |
| 2) | |  |  |  |
| 3) | |  |  |  |

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| **N** | **Purchase of Information Material** | | | |
| **Action/Item** | | **Priority Level (low/moderate**  **/high)** | **Justification** | **Total Cost** |
| 1) | |  |  |  |
| 2) | |  |  |  |
| 3) | |  |  |  |

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| **O** | **Other Expenses** | | | |
| **Action/Item** | | **Priority Level (low/moderate**  **/high)** | **Justification** | **Total Cost** |
| 1) | |  |  |  |
| 2) | |  |  |  |
| 3) | |  |  |  |

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| Total Requested Funds:\_\_\_\_\_\_\_\_\_\_ |

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| **P** | **Certification and Consent** |
| **I/we hereby certify that the information I/we have provided in this application is accurate to the best of my/our knowledge. In the event that a participant funding award is to be made based on this application, I/we agree that no funding will be payable unless I/we sign the CIRNAC standard Contribution Agreement.**  **I/we hereby consent to CIRNAC providing a copy of this Application Form and of the aforementioned Contribution Agreement to any person that CIRNAC deems appropriate in the circumstances. I/we further consent to CIRNAC and the NIRB posting and distributing any written submissions I/we provide during the assessment process, by me/us or by the corporation, organization, group or association that I/we represent and to use those copies for purposes related to the assessment. All information collected in association with the Participant Funding Program will be subject to the *Access to Information Act*.**  Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Authorized Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |