

## OVERLAP CONSULTATION/SHARED TERRITORY PROJECT PROPOSAL

## **Privacy Statement**

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 <a href="Info Source">Info Source</a> (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:aadnc\_aiprpdemande-atiprequest.aandc@canada.ca">aandc@canada.ca</a>. To inquire about applicable legislative authority or to withdraw participation from this program, contact your Regional Office or the departmental Public Enquiries Contact Centre at 1-800-567-9604. If you require clarification about this *Privacy Act* Statement, contact our Access to Information and Privacy Office at 1-819 997-8277. Note that you have a right to file a complaint to the Office of the Privacy Commissioner at 1-800-282-1376.

A. Applicant Inform	nation					
First Nation or Treaty Organization Name					Organization Number	
Mailing Address (Numl	per/Street/Apartment/P.O. Box)					
City/Town			Province/Territory Postal C		Postal Code	
Contact						
Given Name	Name Family Name		Title			
Telephone Number	lumber Facsimile Number		Email Address			
B. Project Informat	ion					
Project Name						
Project Start Date (YYYYMMDD)			Project End Date (YYYYMMDD)			
C. Project Summar	y					
Describe how this proje	ect advances resolution of shared t	territory is	sues and/or advances consul	tation with the Cro	own.	
Provide a concise purp	ose statement and briefly describe	the proje	ct.			
D. Project Objective	e					
Objectives		Activities		С	eliverables	
E. Project Staff (Incl	udes consultants, professionals, th	nose in red	ceipt of honoraria)			
Name			Project Role Qualifications		ualifications	
		•		•		





Comments

F. Project Budget Estimates Salaries and Fees Full-Time Hours or Number of Project Staff/Consultant Name Role/Responsibility Pay Rate Cost Estimate Hours/Days Salary? Days? Salaries and Fees Total **Travel Allowance** Person and Travel Description **Travel Description** Traveller Name To (Location) From (Location) Number of Trips Rate Cost Category Quantity Cost Estimate Hotel/Lodging Travel Fare (Air, Surface, etc.) **Breakfast** Lunch Dinner Meal Allowance Total Rental Vehicle Gas Mileage (if private vehicle) (in kilometres) **Travel Allowance Subtotal** Travel Allowance (All) Total Other Expenses 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** Percentage Amount Contribution Total 100% Third Party Contribution CIRNAC Contribution Applicant Contribution

## Relations Couronne-Autochtones et Affaires du Nord Canada

PROTECTED **A** (When Completed) PAW 10138570.BC (2022-2023) Page 3 of 3

G. Supporting Documents (if applicable)							
Title	Submission Method						
	•						
H. Declaration							
The information provided is accurate to the best of my knowledge.							
Given Name	Family Name	9					
Title		Date (YYYYMMDD)					