



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) (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/I-7.88/index.html) (https://laws-lois.justice.gc.ca/eng/acts/I-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/F-11/page-1.html) (https://laws-lois.justice.gc.ca/eng/acts/F-11/page-1.html); and sections 21 and 55 of the [Indian Act](http://laws-lois.justice.gc.ca/eng/acts/I-5/) (http://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.sac-isc.gc.ca/eng/1353081939455) (https://www.sac-isc.gc.ca/eng/1353081939455), 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)	Recipient Number
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First Nation(s) benefitting from this project (if applicable)

First Nation(s) benefitting from this project	Beneficiary Number
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Emergency Program Coordinator/Project Lead

Given Name	Family Name	Telephone Number	Facsimile Number
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Email Address

Project Information

Project Title	Region
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Project Type Non-Structural Mitigation and Preparedness FireSmart

Has your community completed or updated any assessments in the last 5 years, such as creating an Emergency Management Plan, All Hazard Risk and Vulnerability Assessment, Fire Mapping, Flood Mapping, Wildfire Assessment, etc.? If applicable, please include year.

Does this project relate to a recommendation from an Emergency Operation Center or any plans mentioned above? Please specify.

Project Description: Briefly describe your proposed preparedness/non-structural mitigation project. (if FireSmart, please include the number of hectares to be treated as part of fuel management activities). (Maximum of 500 words)

Project Deliverables

- Detailed Budget attached
- Supporting Documentation attached
- Community Support Letters attached, if application covers multiple communities



Funding Requested

Are you applying for a multi-year project?

Yes No

Items	Amount (\$)
Total Requested from ISC ▶	

Other Sources of Funding

Other Sources of Funding	Amount (\$)
Funding provided by your First Nation	
Funding provided by Regional District/Local Government/Other	
Total Funding from Other Sources ▶	

Optional - Additional Information

Has your community experienced emergency events in the past? If so what type of emergencies and when?

Do you agree to have ISC's Emergency Management Assistance Program contact you to discuss highlighting your emergency preparedness or non-structural mitigation project on ISC's website?

Yes No

Declaration

The information provided is accurate to the 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.