

Name of unincorporated entity:

(Note: Applications will not be accepted from unincorporated entities in their own name.)

Name and title of contact person for corporation/ organization/ group/ association:

If you represent an entity (incorporated or otherwise) supporting documentation, endorsing you as the entity's representation must be attached to this application.

Language of correspondence

English_____

French_____

Telephone number (if different):

Fax number (if different):

Is your organization incorporated? Yes_____ No_____

Federal No.: _____ Provincial No.: _____

Business number (Canada Customs and Revenue Agency):

GST/HST rebate number: _____

GST/HST rebate %: _____

Have you applied or will be applying for funds from other sources to participate in the review process? No_____ Yes_____

If yes, please specify how much and the source.

Describe your or your organization's major goals and mandate.

Describe your interest in the Review.

Step 2: Description of Proposed Activities

Describe your proposed contribution to the Review, including:

- the objectives of your participation;
- your proposed activities for which you are seeking funding; and
- how these proposed objectives and activities may contribute to the review's understanding of the anticipated effects of the project.

Identify your capacity to carry out the proposed activities.

(Describe relevant experience, expertise and skills you or your organization have 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 Review.

Have you or your organization made an effort to cooperate with other individuals or organizations in preparing a funding application?

No _____

Yes _____

If yes, please specify name of individual / organization

How are the proposed activities incremental to your ongoing business?

Step 3: Funding Requested

Please summarize your request for funding of eligible expenses, using the following table (see part 2 of the guide entitled *Participant Funding* for information on each expense category):

Priority Expense Category Funding Requested

Local collection / distribution of information	\$ _____
Professional fees (excluding legal fees)	\$ _____
Travel expenses	\$ _____
Office supplies	\$ _____
Rental of office space / meeting rooms	\$ _____
Staff salaries	\$ _____
Legal fees	\$ _____
General media advertising / promotion	\$ _____
Purchase of information material	\$ _____
Other (specify)	\$ _____
TOTAL funding requested	\$ _____

With respect to each expense, please provide additional information to support your request. Use additional sheets if needed.

Local collection / distribution of information:

Professional fees (excluding legal fees):

Travel expenses:

Office supplies:

Rental of office space / meeting rooms:

Staff salaries:

Legal fees:

General media advertising / promotion:

Purchase of information material:

Other:

How did you hear about the Participant Funding Program for the Review?

NIRB _____

Federal government _____

Territorial government _____

Newspaper _____

Email to your organization _____

Word of mouth _____

Other: please specify _____

Participant Funding Program

Application for Funding: Certification Form

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 INAC standard Contribution Agreement.

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I/we hereby consent to the NIRB providing a copy of this Application Form and of the aforementioned Contribution Agreement (once signed by me/us and by INAC) to any person that the NIRB deems appropriate in the circumstances. I/we further consent to the NIRB making copies of any written submissions during the Review 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 Review. The information collected will be subject to the *Access to Information Act*.

Name

Title

Authorized signature

Date