NUNAVUT IMPACT REVIEW BOARD
MAY 31 2010
RECEIVED

NUNAVUT IMPACT REVIEW BOARD
Nunavutmi Kanogiliviallanikot Elittohaiyaoplotik Katimayit

PARTICIPANT FUNDING APPLICATION FORM

NIRB Use Only
Date Received: _____
File Number: _____

Participant Funding: Application for Funding

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

Step 1: Applicant Information

Name and location of project: ***Kiggavik Uranium Mine Project***

Please specify which phases and steps of the Review you intend to participate in: ***Pre-Hearing Conference and Final Hearing***

Name of applicant (individual or organization): ***Kitikmeot Inuit Association***

Web site address: ***www.kitia.ca***

Legal name of applicant (if different):

Mailing address: ***P.O. Box 360***

City / Town: ***Kugluktuk***

Province: ***NU***

Postal Code: ***X0B 0E0***

Telephone number: ***1 867 982 3310***

Fax number: ***1 867 982 3311***

E-mail address: ***Geoff@qiniq.com***

If the application is for an individual or a law firm, indicate on whose behalf you are submitting this application.

Applying on behalf of him/herself or law firm ____

Applying on behalf of an unincorporated entity____

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__**X**__
French____
Telephone number (if different):
Fax number (if different):
Is your organization incorporated? Yes_**X**__ 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__**X**__ Yes____

If yes, please specify how much and the source.

Describe your or your organization's major goals and mandate. ***To represent the Interests of Kitikmeot Inuit by protecting and promoting our social, cultural, political, environmental and economic well-being.***

Describe your interest in the Review. ***The Kiggavik Project is within traditional land use area of Inuit of the Back River Area. Inuit living in Perry River and Chantrey Inlet area also used this area. Some of these Inuit now live in Gjoa Haven and Cambridge Bay of the Kitikmeot Region. Also, the Kiggavik project is adjacent to the Thelon Game Refuge and about 30% of the refuge is in the Kitikmeot region.***

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.

The objective of participation is to represent the interests of Kitikmeot Inuit as listed in our organizations mandate above. Our contributions will focus on environment, wildlife, traditional knowledge, and socio-economic matter.

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.)

KIA's Lands, Environment and Resources Department has full-time staff experienced in NIRB reviews of environment and socio-economic matters. We also hire legal counsel and consultants where required.

Describe why you believe your participation will bring an important and distinct perspective to the Review.

Inuit that have interests in the project area that live in the Kitikmeot region will not be represented otherwise.

Have you or your organization made an effort to cooperate with other individuals or organizations in preparing a funding application?
No ____
Yes _X___

If yes, please specify name of individual / organization: ***Kivalliq Inuit Association***

How are the proposed activities incremental to your ongoing business? ***This is additional review and representation work for the Kitikmeot Inuit Association to the work we typically complete within our region.***

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	$__$10,000_
Professional fees (excluding legal fees)	$__$5000___
Travel expenses	$__$30,000_
Office supplies	$_____
Rental of office space / meeting rooms	$_____
Staff salaries	$ Not included estimated at $46,500
Legal fees	$__$10,000__
General media advertising / promotion	$_____
Purchase of information material	$_____
Other (specify)	$_____
TOTAL funding requested	**$__$55,000__**

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

Local collection / distribution of information: *Consultation is Inuit in the Kitikmeot Region about the project will require travel to Cambridge Bay and Gjoa Haven for 2 KIA staff.*

Professional fees (excluding legal fees): *Cost of limited independent environmental and socio-economic review by technical experts.* ***Kitikmeot Inuit Association will rely on review work by the Kivalliq Inuit Association.***

Travel expenses: *Average cost of travel from Kugluktuk to Baker Lake, including hotel and per diem is $5,000 per person per trip. 2 KIA staff plus legal counsel going to the Pre-hearing conference and Final Hearing will cost $30,000.*

Office supplies:

Rental of office space / meeting rooms:

Staff salaries:

Legal fees: *Cost of Legal counsel is estimated to be $10,000.*

General media advertising / promotion:

Purchase of information material:

Other:

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

NIRB	_X_
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.

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.*

Paul Emingak
Name

A/ Executive Director
Title

Authorized signature

May 31, 2010
Date