Rec'd May 27/10

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

Please specify which phases and steps of the Review you intend to participate in:

Name of applicant (individual or organization): Jerry Panegoniak

Web site address:

Legal name of applicant (if different):

Mailing address: P.O. Box 568

City / Town: Arviat

Province: Nunavut

Postal Code: X0C-0E0

Telephone number: 867-857-2841 (w)

Fax number: 867-857-2819 (w)

E-mail address: jaupak@hotmail.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 X (myself)

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____ 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.

Describe your interest in the Review. This has significant international interests, and I think local people deserve the right to know what's going on.

Step 2: Description of Proposed Activities

Describe your proposed contribution to the Review, including:

- the objectives of your participation; make Inuit aware of this proposal
- your proposed activities for which you are seeking funding; and spreading the word and collecting opinions
- 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. I can speak English & graduated from school/post secondary schooling.
(Describe relevant experience, expertise and skills you or your organization have that will help you to carry out your proposed activities.) I know a lot of people who has opinions to these mine proposals which do not necessarily reach proper authoritie
Describe why you believe your participation will bring an important and distinct perspective to the Review. It may provide what most people say who were not willing to go to public meetings regarding Kiggavik.

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

No X

Yes ____

If yes, please specify name of individual / organization

How are the proposed activities incremental to your ongoing business? I feel that some elders have no way to attend some meetings and are not aware.

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	$ 100/day
Professional fees (excluding legal fees)	$ 100/day
Travel expenses	$
Office supplies	$ 50.00
Rental of office space / meeting rooms	$
Staff salaries	$ 100/day
Legal fees	$
General media advertising / promotion	$ 100
Purchase of information material	$ 100
Other (specify)	$
TOTAL funding requested	$ 450.00

one thing

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

Local collection / distribution of information: door to door of known elders to brief on the events

Professional fees (excluding legal fees): I wouldn't want to work for free with the rising prices.

Travel expenses:

Office supplies: buy papers, photocopying

Rental of office space / meeting rooms:

Staff salaries: would fall under local collection fee.

Legal fees:

General media advertising / promotion: create flyers advertising the dates and other important issues.

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	X
Other: please specify	Hamlet office bulletin

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*.

Jerry Panegoniak
Name

Inuk
Title

Authorized signature

May 27/10
Date