



# OVERLAP CONSULTATION/SHARED TERRITORY PROJECT PROPOSAL

## Privacy Act Statement

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## 1. Applicant Information

|  |                    |                     |
|--|--------------------|---------------------|
| First Nation or Treaty Organization Name           |                    | Organization Number |
| Mailing Address (Number/Street/Apartment/P.O. Box) |                    |                     |
| City/Town  | Province/Territory | Postal Code         |

## Contact

|                  |                  |               |
|------------------|------------------|---------------|
| Given Name       | Family Name      | Title         |
| Telephone Number | Facsimile Number | Email Address |

## 2. Project Information

|                    |                  |
|--------------------|------------------|
| Project Name       |                  |
| Project Start Date | Project End Date |

## 3. Project Summary

Describe how this project advances resolution of shared territory issues and/or advances consultation with the Crown.

Provide a concise purpose statement and briefly describe the project.

## 4. Project Objective

| Objectives | Activities | Deliverables |
|------------|------------|--------------|
|            |            |              |

## 5. Project Staff (Includes consultants, professionals, those in receipt of honoraria)

| Name | Project Role | Qualifications |
|------|--------------|----------------|
|      |              |                |



## 6. Project Budget Estimates

### Salaries and Fees

| Project Staff/Consultant Name | Role/Responsibility | Full-Time Salary? | Hours or Days? | Number of Hours/Days | Pay Rate | Cost Estimate |
|-------------------------------|---------------------|-------------------|----------------|----------------------|----------|---------------|
|                               |                     |                   |                |                      |          |               |

**Salaries and Fees Total**

### Travel Allowance

Person and Travel Description

| Traveller Name                                   | Travel Description |                 |               |
|--|--------------------|-----------------|---------------|
| To (Location)                                    | From (Location)    | Number of Trips |               |
| Cost Category                                    | Quantity           | Rate            | Cost Estimate |
| Hotel/Lodging                                    |                    |                 |               |
| Travel Fare (Air, Surface, etc.)                 |                    |                 |               |
| Breakfast  |                    |                 |               |
| Lunch  |                    |                 |               |
| Dinner   |                    |                 |               |
| Meal Allowance Total                             |                    |                 |               |
| Rental Vehicle                                   |                    |                 |               |
| Gas Mileage (if private vehicle) (in kilometres) |                    |                 |               |
| <b>Travel Allowance Subtotal</b>                 |                    |                 |               |

**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

|                          | Amount | Percentage  |
|--------------------------|--------|-------------|
| Contribution Total       |        | <b>100%</b> |
| Third Party Contribution |        |             |
| CIRNAC Contribution      |        |             |
| Applicant Contribution   |        |             |

Comments



**7. Supporting Documents** (if applicable)

| Title | Submission Method |
|-------|-------------------|
|       |                   |

**8. Declaration**

The information provided is accurate to the best of my knowledge.

|            |             |                 |
|------------|-------------|-----------------|
| Given Name | Family Name |                 |
| Title      |             | Date (YYYYMMDD) |