



TREATY RELATED MEASURES PROJECT PROPOSAL

Privacy Act Statement

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1. Applicant Information

First Nation or Treaty Organization Name	Organization Number
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Mailing Address (Number/Street/Apartment/P.O. Box)

City/Town	Province/Territory	Postal Code
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Contact

Given Name	Family Name	Title
Telephone Number	Facsimile Number	Email Address

Treaty Process

Federal Negotiator Name

2. Project Information

Project Name

Treaty Negotiation Stage

Project Category	Project Type
Project Start Date	Project End Date

Is this proposal for an additional phase of a previous TRM project? Yes No

3. Project Summary

Describe how the TRM project will advance treaty negotiations.

Provide a concise purpose statement and briefly describe the project.

Describe the project relationship with past or concurrent projects, if applicable.



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

Fiscal Year:

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)						
Travel Allowance Subtotal						

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		
Funding Breakdown	Amount	Percentage
Cost Estimate Total		100%
Third Party Contribution		
CIRNAC Contribution		
Applicant Contribution		

Comments

Cost Estimate (All) Total Fiscal Years	
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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)