



# TRIBAL COUNCIL CONSOLIDATED WORK PLAN

### Privacy Act Statement

This statement explains the purposes for the collection and use of personal information. Only information needed to respond to program requirements will be requested. Collection and use of personal information are in accordance with the *Privacy Act*. In some cases, information may be disclosed without your consent pursuant to subsection 8(2) of the [Privacy Act](#). The collection and use of your personal information for the Governance Capacity Programs are authorized by section 4 of the [Department of Indian Affairs and Northern Development Act](#), R.S.C., 1985, c. I-6, and s. 122 (1), 123 (1) and 124 (1) of the [Financial Administration Act](#) and required for your participation. We will use your personal information for evaluation purposes in order to respond to your Tribal Council Consolidated Work Plan. The information collected is described in [Personal Information Bank AANDC PPU 300](#) (<http://www.aadnc-aandc.gc.ca/eng/1100100011039/1100100011040>), and will be retained for a period of 30 years and then the records are transferred to the Library and Archives Canada. As stated in the *Privacy Act*, you have the right to access your personal information and request changes to incorrect information. Contact the Public Enquiries Contact Centre at 1-800-567-9604 to notify us about incorrect information. For more information on privacy issues and the *Privacy Act* in general, you may consult the Privacy Commissioner at 1-800-282-1376.

**Note:** Tribal councils are encouraged to provide details to inform their member First Nations, and can provide attached documents that contain expenditure, activity, and/or endorsement information, as an alternative to providing that information directly on this form.

### Identification

Recipient Name

### Contact

Given Name

Family Name

Telephone Number

### Work Plan Information

#### A) Core Administrative Costs

Provide details for member First Nations?  Yes  No

Planned Expenditures (A)

#### B) Delivery of CIRNAC/ISC Funded Services

Provide details for member First Nations?  Yes  No

Planned Expenditures (B)

#### C) Capacity Development of Member First Nations

Planned Expenditures (C)

Activity	Description	Amount (\$)

Total Planned Expenditures (A+B+C)

### Member First Nation Endorsement

Member First Nation Name	Endorsement	Signature (If applicable)
		x

### Supporting Documents (if applicable)

Title	Submission Method



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**Declaration**

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

Given Name

Family Name

Title

Date (YYYYMMDD)

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