



## INDIGENOUS COMMUNITY SUPPORT FUND PROPOSAL

### Privacy Statement

This statement explains the purposes for the collection and use of personal information. Only information needed to respond to program/reporting requirements will be requested. Collection and use of personal information are in accordance with the [Privacy Act](https://laws-lois.justice.gc.ca/eng/acts/P-21/index.html) (https://laws-lois.justice.gc.ca/eng/acts/P-21/index.html). In some cases, information may be disclosed without your consent pursuant to subsection 8(2) of the Privacy Act. We will use your personal information in order to respond to your requests and/or program requirements. The collection and use of your personal information provided to Indigenous Services Canada for selected program/funding reporting and administration purposes are authorized by program specific legislation and required for your participation. The information collected is described by program specific Personal Information Banks (PIB) detailed at [Info Source](https://www.aadnc-aandc.gc.ca/eng/1353081939455/1353082011520) (https://www.aadnc-aandc.gc.ca/eng/1353081939455/1353082011520). For further details about applicable legislative authority, PIB description and/or to notify us about incorrect information or to withdraw participation after submitting your information, contact the departmental Public Enquiries Contact Centre at 1-800-567-9604. If you require clarification about this statement, contact our Privacy Coordinator at 819-997-8277. For more information on privacy issues and the Privacy Act in general, you may consult the Privacy Commissioner at 1-800-282-1376.

### Identification

Applicant Name	Applicant Number	Region
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#### Beneficiaries of the Proposed Activities

First Nation On-Reserve     
  First Nation Off-Reserve     
  Inuit     
  Métis  
 Urban/Off-Reserve Indigenous Communities and/or Individuals

### Contact

Given Name	Family Name	Title/Position
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Mailing Address (Number/Street/Apartment/P.O. Box)

City/Town	Province/Territory	Postal Code
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Telephone Number	Facsimile Number	Email Address
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### Application Information

Proposal Title

Proposal Summary

Start Date of Proposed Activities (YYYYMMDD)	End Date of Proposed Activities (YYYYMMDD)
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#### Activities

Please fill out the budget summary below by categorizing expenses under the following activities. If there is no applicable activity listed, please select the "other" option.

- Perimeter Security (e.g. check points and road closure)
- Personal Protective Equipment (PPE) for Non-Medical Staff (e.g. masks for perimeter security staff)
- Installation of Physical Barriers (e.g. plexiglass, fencing, signage)
- Food Security (e.g. local food banks, food deliveries for people in isolation, community freezers)
- Transportation (e.g. truck/vehicle delivery for goods, fuel)
- Cleaning Supplies (e.g. disinfectant, hand sanitizers, soap, wipes)



- Additional Non-Medical Staff Costs (e.g. employee's overtime)
- Lodging and Accommodation (e.g. land-based isolation sites)
- Minor Infrastructure (e.g. adapting existing buildings, temporary gatehouses)
- Mental Wellness Support (e.g. mental support initiatives, culturally competent supports)
- Cultural Supports (e.g. on-land activities, ceremonies)
- Seniors Support (e.g. elder/senior transportation to appointments, prescriptions)
- Child and Family Supports (e.g. educational materials)
- Online Learning Supports (e.g. computers, tablets)
- Communication of Information (e.g. infographics, radio announcements)
- Vaccine Support (e.g. transportation for off-reserve or urban Indigenous communities)
- Administration Costs
- Other

**Budget Summary**

Budget Item	Description	Rate or Cost (\$)	Unit	Quantity	Cash Total (\$)
<b>Total Requested Amount (\$)</b>					

**Partners**

Will partners be involved?  Yes  No

Partner Name	Involvement	Contact Name	Telephone Number	Email Address (if applicable)

**Other Governmental Funding**

Have you received or requested any other governmental funding (e.g. federal, provincial, territorial, municipal) to address this need?

Yes  No

Source	Outcome	Amount

**Supporting Documents** (if applicable)

This table allows you to identify the supporting documents being submitted and the method of submission.

Title	Submission Method

**Declaration**

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

Given Name		Family Name	
Title			Date (YYYYMMDD)