



Application for Financial Assistance

Check ONE:

- | | |
|---|--|
| <input type="checkbox"/> Fisheries Development & Diversification Program (FDDP) | <input type="checkbox"/> Seal and Fur Contributions Grant Program (S&FG) |
| <input type="checkbox"/> Fish Freight Subsidy Program (FFSP) – must include: | |
| <input type="checkbox"/> Signed application | |
| <input type="checkbox"/> An invoice for amount being claimed | |
| <input type="checkbox"/> Waybills and a summary waybill spreadsheet | |

APPLICANT INFORMATION

| | |
|-------------------------------|---|
| Organization/Individual Name: | Primary Contact Person: |
| Phone Number: | Fax Number: |
| E-Mail Address: | Community: |
| Mailing Address: | Business Registration Number (if applicable): |

Nunavut Land Claims Beneficiary (individual only): Yes No

Team Members / Project Leads / Other Owners / Involved Persons

| Name | Title (e.g. President, Scientist, translator) |
|------|---|
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| Organization Type (check all that apply) | Project type (check all that apply) | Use of Funds (check all that apply) |
|---|---|---|
| <input type="checkbox"/> Individual <input type="checkbox"/> Nunavut Registered Business <input type="checkbox"/> Non-Nunavut Registered Business <input type="checkbox"/> Inuit owned <input type="checkbox"/> Non-Profit Corporation or Society <input type="checkbox"/> For-Profit Corporation <input type="checkbox"/> Municipality <input type="checkbox"/> Co-operative <input type="checkbox"/> Government department (specify) _____ <input type="checkbox"/> Academic institution <input type="checkbox"/> Other (specify) _____ | <input type="checkbox"/> Processing <input type="checkbox"/> Harvesting <input type="checkbox"/> Science & Research <input type="checkbox"/> Sealing and Fur <input type="checkbox"/> Product Development <input type="checkbox"/> Marketing <input type="checkbox"/> Recreational fisheries <input type="checkbox"/> Other (specify) _____ | <input type="checkbox"/> Technology and/or knowledge transfer activities <input type="checkbox"/> Exploratory fisheries work <input type="checkbox"/> Product development <input type="checkbox"/> Quality control activities <input type="checkbox"/> Technology development and/or testing <input type="checkbox"/> Market development <input type="checkbox"/> Inter-settlement trade development <input type="checkbox"/> Feasibility studies & pilot projects <input type="checkbox"/> Equipment & capital purchases <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Fish freight subsidy |



FDDP & SFG Applications - PROJECT INFORMATION

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|--|
| Project Title: |
| Project Start Date: |
| Project End Date: |
| Location(s) of Project: |
| Any relevant letters of support, research licenses, permits, etc. List below and ATTACH to this application. |
| A description of your work and/or organization, including its mandate and the services/products provided (municipalities are exempt from this requirement): |
| Description of Project: Briefly describe the project, including how it relates to previous work, if applicable. |
| Benefits: Please describe how the project will benefit the fisheries sector and/or fisheries development in Nunavut; Explain how the proposed project will contribute to fisheries and/or fisheries Development in Nunavut. |
| Project Management: attach resumes of all key Team Members and Project Leaders |
| Outcomes and Indicators: Identify the measurable outcomes your project will generate if successful for funding. |
| Impacts: outline all possible positive and negative impacts your project may have on the environment, the species being studied, habitat, local economy, markets, etc. |



FDDP & SFG Applications – Project Budget

***Supporting documentation of project costs, e.g. cost quotations, labour quotes, fee proposals, etc. must be included in the project budget.

| Project Costs (Specify amount) | | Proposed Financing | |
|---|--|---|--|
| Professional Fees – list all by type (translation, honorariums, consultants, project management, coordinator, outfitter, etc.) | | FDDF Program Fish Freight Seal & Fur (please highlight or circle one) | |
| Travel | | Applicant’s Cash | |
| Equipment | | Applicant’s In-Kind | |
| Materials & Supplies | | Other GN Programs (Specify) | |
| | | Federal Programs (Specify) | |
| Other (Specify) | | Other (Specify) | |
| | | | |
| | | | |
| | | | |
| Total Project Costs | | Total Funding and Sources | |



Applicant's Declaration To the Department of Economic Development & Transportation

1. I confirm the information given in this application is, to the best of my knowledge and ability, complete, true and correct.
2. I certify that financial assistance from EDT is a significant factor in the decision to proceed with this request.
3. I certify that neither the applicant nor its officers are involved with any litigation, or in any proceedings before any government board, agency or tribunal which have not been disclosed in writing as an attachment to this application.
4. I will provide all information required by EDT to complete the assessment of this request and I authorize EDT to make any inquiries of such persons, firms, corporations or other government agencies as it deems necessary in order to reach a decision on this application.
5. I will instruct funding organizations as indicated in this application to provide EDT with full information concerning this proposal. I further authorize these organizations to discuss fully my affairs with EDT.
6. I authorize EDT to access, at any reasonable time, the site and premises of facilities described in this application.
7. I agree to provide financial and audit results as required set out in the Contribution Agreement;
8. I agree that details of the any contribution may be made available to the public at the discretion of EDT.
9. I understand and agree all reports, maps, studies, research findings and any other knowledge or intellectual property generated by this initiative will enter into the public domain for the purpose of supporting fisheries development in Nunavut, unless otherwise agreed to in writing between the applicant and EDT.

| | | | |
|------------------------|--|-------|--|
| Applicant's Signature: | | Date: | |
| Witness | | Date: | |

OFFICE USE ONLY

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|----------------|--|-------------------------|--|
| Date Received: | | Total amount requested: | |
| By Who: | | Approved Amount: | |