**Canada Nature Fund for Aquatic Species at Risk**

**Grant Funding Application Form**

|  |
| --- |
| **BACKGROUND**:  Beginning in November 2024, Fisheries and Oceans Canada (DFO) is pleased to offer grant funding under the [Canada Nature Fund for Aquatic Species at Risk](https://www.dfo-mpo.gc.ca/species-especes/sara-lep/cnfasar-fnceap/index-eng.html) (CNFASAR). CNFASAR grant funding supports the participation of Indigenous Peoples in consultation and engagement activities related to the listing of aquatic species at risk and associated recovery document preparation under the [*Species at Risk Act*](https://www.canada.ca/en/environment-climate-change/services/environmental-enforcement/acts-regulations/about-species-at-risk-act.html) (SARA).  For more information on CNFASAR grant funding, please visit the [grant funding website](https://wwwdev.ncr.dfo-mpo.ca/species-especes/sara-lep/cnfasar-fnceap/grant-funding-subventions-provenance-fonds-eng.html) or contact the [DFO regional coordinator](https://wwwdev.ncr.dfo-mpo.ca/species-especes/sara-lep/cnfasar-fnceap/application-form-formulaire-demande-eng.html#contact) in the regional office where the consultation/engagement process is located.  **APPLICATION INFORMATION:**  Indigenous communities that may be affected by a potential SARA listing decision or recovery planning process for a listed species/Designated Unit will receive a notification of consultation or engagement from DFO. Upon receiving this notification, and if interested in applying for the grant, please contact the [DFO Regional Coordinator](https://www.dfo-mpo.gc.ca/species-especes/sara-lep/cnfasar-fnceap/contact-contactez/index-eng.html) in the regional office where the consultation or engagement process is located to initiate the grant application process and to obtain assistance in the completion of the application.  When notifying communities of an upcoming consultation or engagement on potential SARA listing or recovery planning, DFO will provide details on the consultation/engagement process. Applicants should refer to this information to guide their application with respect to details of the consultation/engagement, including timelines, scope of activities, and expectations.Provision of incomplete or insufficient information may result in the delay, or rejection of, your application.  Preference will be given to applications requesting under $15,000. Applications with budgets exceeding $15,000 may also be considered if the expenses are justified by the need to support complex and more comprehensive consultation or engagement activities related to SARA listing decisions or recovery planning.  Please note that, under CNFASAR grant funding, costs incurred for activities undertaken prior to receiving grant approval are not eligible for reimbursement. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Part 1 – Applicant Information** | | | |
| Legal Name of Applicant (i.e., legal name of the Organization) | | | |
| Name and Title of Authorized Individual (person who is authorized to represent the Organization) | | | |
| Telephone Number | Alternate Telephone Number | | |
| Email Address | | | |
| **Mailing Address (for notification and payment)** | | | |
| Number and Street (Suite. No., P.O. Box, Other) | | | |
| City/Town | | | |
| Province/Territory | | Country | Postal Code |
| Can DFO use the address above to show your project on a map of Canada?   |  |  |  |  | | --- | --- | --- | --- | |  | Yes |  | No | | | | |
| **Official Languages** | | | |
| In which official language do you wish to communicate with Fisheries and Oceans Canada?   |  |  |  |  | | --- | --- | --- | --- | |  | English |  | French | | | | |
| ***Species at Risk Act* Recovery Planning, Engagement, and Consultation/Engagement Support Details** | | | |
| Proposed Title for the grant activities*(include in this title an indication of the Species at Risk Act listing or recovery planning process that is the subject of the consultation or engagement process)****:***  **Fisheries and Oceans Canada File number** *(included in the letter sent to your Nation/group/community/organization initiating the consultation or engagement process):*  **Species and Process** *(included in the letter sent to your Nation/group/community/organization initiating the consultation or engagement process, e.g. Species, DU name, Listing/Recovery Process):* | | | |
| **Eligibility Assessment Criteria** | | | |
| **Eligible recipients are Indigenous communities whose Indigenous or treaty rights may be affected by a *Species at Risk Act* listing or recovery planning process:**  *(Select the most appropriate response(s) that best describe your organization)*   |  |  | | --- | --- | |  | Indigenous Communities / Bands / Settlements | |  | District Councils / Chiefs’ Councils / Tribal Councils | |  | Indigenous Governments | |  | Bodies or entities established by rights-holding communities to represent them |   If your organization is a body or entity representing multiple rights-holding communities, please identify the community(ies) that your organization represents: | | | |
| **Eligible activities of the Canada Nature Fund for Aquatic Species at Risk grant funding:**  *(Select the description(s) that best describe(s) your proposed activities)*   |  |  | | --- | --- | |  | Preparing for, participating in, and contributing to consultation and engagement activities, including public meetings and discussion groups with your Indigenous community(ies), as well as formal consultations related to potential listing or recovery planning decisions under the *Species at Risk Act*. | |  | Compiling, reviewing or providing information, data or views regarding the potential impacts of a *Species at Risk Act* listing or recovery planning decision(s) to potential or established Indigenous or treaty rights. | | | | |
| **Please describe the proposed activities that will be undertaken to support Indigenous participation in the *Species at Risk Act* consultation/engagement process, and include:**  Who will be involved in the consultation/engagement (i.e., Indigenous community(ies) or organization(s) and what level of representation will be targeted – e.g., Nation, regional parts of a Nation, part or all collective rights holders, communities);  How the consultation/engagement approach will reflect the views of the rights holders (e.g., key activities and milestones); and  How input will be shared among rights holders, leadership and DFO in the consultation/engagement process.  *Please include, or provide as a separate attachment, the consultation approach established with Fisheries and Oceans Canada.*  (Maximum 500 words) | | | |
| **Please describe how the listing or recovery planning decisions under the *Species at Risk Act* might adversely affect your Indigenous and treaty rights:**  *(Maximum 500 words. Please note, further opportunities to share this information will be available during the consultation/engagement process.)* | | | |
| **Budget Information** | | | |
| All expenditures must directly relate to the eligible activities outlined in the [overview of CNFASAR grant funding](https://wwwdev.ncr.dfo-mpo.ca/species-especes/sara-lep/cnfasar-fnceap/grant-funding-subventions-provenance-fonds-eng.html). Please provide a detailed proposed budget for the total cost of the activities using the budget table below.  In this table, please identify the dollar amount and include a brief description for each applicable eligible expenditure category, including how these costs were calculated. Please include the amount requested from Fisheries and Oceans Canada and all other sources of funds (cash or in-kind support) supporting the *Species at Risk Act* consultation/engagement process.  To address requests made by a consultation body or entity representing multiple rights-holding communities, consideration will be given to the total support offered.  Please note that CNFASAR grant funding cannot be provided for expenditures which are already funded by other sources.  **Has your organization sought, or intend to seek, funding from other federal or provincial departments/agencies to support Indigenous participation in the same *Species at Risk Act* listing or recovery planning activities? (Yes/No)**  If yes, please specify the department or agency that has, or may, provide support. Additionally, please include what type of expenses the other sources of support are covering for these *Species at Risk Act* listing or recovery planning consultation or engagement process in the budget table below:   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Budget Information** | | | | | | |  | **Eligible Expenditure Category** | **Description of Proposed Activity** | **Cost Breakdown Details** | **Amount Requested from CNFASAR Grant** | **Amount from other Sources of Support (Cash or In-kind)** | | 1 | Salary and wages, and employer mandatory benefits |  |  |  |  | | 2 | Professional technical and specialized services |  |  |  |  | | 3 | Software and computer equipment |  |  |  |  | | 4 | Printing |  |  |  |  | | 5 | Telecommunications, communications/network, data communications, or image/video communications services |  |  |  |  | | 6 | Postage, parcel post or courier services |  |  |  |  | | 7 | Rental of office space, room and/or facilities |  |  |  |  | | 8 | Conferences, workshops and meetings |  |  |  |  | | 9 | Travel expenses (including kilometres/flights, meals, incidentals and accommodation) |  |  |  |  | | 10 | Honoraria for Elders and/or Indigenous Knowledge holders *(Maximum $350 per Elder or Knowledge Keeper, per day)* |  |  |  |  | | 11 | Cost for ceremonial offerings |  |  |  |  | | 12 | Administrative overhead *(Maximum 15% of expenses)* |  |  |  |  | | Total | | | |  |  | | | | |

|  |  |  |
| --- | --- | --- |
| **Part 2 – Declaration / Signature** | | |
| * I declare that, to the best of my knowledge, the information provided on this application is true and complete in every respect. * I have been authorized by [insert name of Organization] to complete, sign and submit this application. * I understand that the determination of any payment amount is at the full discretion of Fisheries and Oceans Canada. | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Authorized Representative  (Please Print) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Authorized Representative | \_\_\_\_\_\_\_\_\_\_\_\_  Date  (DD-MM-YY) |