**INSTRUCTIONS**

1. Please review all eligibility criteria to confirm that your Community, Organization and Project are eligible for funding through the Energy Support Programs (ESPs). Eligibility criteria are available in the Program Guidelines.
2. Applications will be accepted by the IESO on an ongoing basis with Application review dates spread throughout the year. Application review dates will be posted to the ECB Program Website. Evaluation criteria are available in the Program Guidelines.
3. Capitalized terms used in the Application, unless otherwise stated, are defined in the Program Guidelines and Funding Agreement sample.
4. This Application form must be used to submit the Application. No other formats will be accepted. All fields must either be completed or marked “not applicable”. Supplementary information not included in this Application may be included, but should be limited to no more than 5 additional pages.
5. Where the applicant is applying to the ECB Program for more than one Project, the applicant must submit a separate Application for each Project.
6. Sections 1 through 6 of the Application form must be completed in their entirety by all applicants.
7. Where two or more applicants are submitting a joint Application, the applicant identified in Section 1 will be identified as the lead applicant. Each joint applicant must complete “Appendix A: Joint Applicant Information” and must attach the “Appendix B: Joint Applicant Declaration” page signed by an authorized representative of the joint applicant.
8. Applicants are encouraged to contact ECB staff with any questions at (416) 969-6317 or [ECB@ieso.ca](mailto:ECB@ieso.ca). Program staff are available to provide feedback and guidance throughout Application development.
9. As a condition of funding support, the IESO may require changes to the Project scope, design or Budget, and may ask for additional information or references. The development of a complete Application can take several months – please allow sufficient time for Application review and feedback prior to submittal of your final Application.
10. The signatory identified in the Application form for all applicants, including joint applicants, must have the ability to bind the applicant.
11. When you are ready to submit your Application, please save the completed Application form in a fixed form (i.e. PDF) and submit to the IESO along with all required attachments. The Application form must be submitted in its entirety to be considered for funding, and can be submitted to the IESO in soft or hard copy to either:

Email: [ECB@ieso.ca](mailto:ECB@ieso.ca)

Mail: Independent Electricity System Operator

120 Adelaide Street West, Suite 1600

Toronto, ON M5H 1T1

Attention: Education and Capacity Building Program

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 1: Application Title Page** | | | | | | | | | |
| 1. **Applicant name**   **(or lead applicant name, as applicable):** |  | | | | | | | | |
| 1. **Lead applicant mailing address:** |  | | | | | | | | |
| 1. **Applicant type:** |  | First Nation or Métis Community | | | | | | | |
|  | First Nation or Métis Organization  *If applying as an Organization, please list the represented Communities below that make up this Organization:* | | | | | | | |
|  | Other:  If ‘Other,’ please describe the entity: | | | | | | | |
|  |  | | | | | | | |
| 1. **Is this Application being submitted on behalf of joint applicants?** | <Select> | | | | | | | | |
| **If ‘Yes’, please list all joint applicants:** | | | | | | | | |
|  | | | | | | | | |
| C:\Users\visrams\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\PW33BKNJ\missiridia-Universal-information-symbol[1].png If **Yes**, Appendix A, “Joint Applicant Information Form” and Appendix B, “Joint Applicant Declaration Page” must be attached for each joint applicant. | | | | | | | | |
| 1. **Category type:**   ***(please select one)*** | Capacity Building  Skills, Training, and Job Readiness  Innovation | | | | | | | | |
| 1. **Project Title** |  | | | | | | | | |
| 1. **Target audience(s) of the proposed Project:** |  | | First Nation or Métis Communities | | | | | | |
|  | | First Nation or Métis Organizations | | | | | | |
| 1. **Project Team members and roles** | **Team Member Name** | | | **Team Member Organization** | | | **Team Member Title** | | |
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| 1. **Total funding requested:** | $ | | | | | | | | |
| **Section 2: Applicant Contact Information** | | | | | | | | | |
| 1. **Primary contact:** | **Name:** | | | |  | | | | |
| **Title:** | | | |  | | | | |
| **Mailing address:** | | | |  | | | | |
| **Phone number(s):** | | | | ***Main:*** |  | | ***Alternate:*** |  |
| **Fax:** | | | |  | | | | |
| **Email:** | | | |  | | | | |
| **Preferred method of contact:** | | | | <Select> | | | | |
| 1. **Secondary contact:** | **Name:** | | | |  | | | | |
| **Title:** | | | |  | | | | |
| **Mailing address:** | | | |  | | | | |
| **Phone number:** | | | | ***Main:*** |  | | ***Alternate:*** |  |
| **Fax:** | | | |  | | | | |
| **Email:** | | | |  | | | | |
| **Preferred method of contact:** | | | | <Select> | | | | |
| 1. **Signatory:**   *C:\Users\visrams\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\I5GT3CFP\Info_Simple_bw.svg[1].png*  *Signatory* ***must*** *have the signing authority to bind the applicant or lead applicant, as applicable* | **Name:** | | | |  | | | | |
| **Title:** | | | |  | | | | |
| **Mailing address:** | | | |  | | | | |
| **Phone number:** | | | | ***Main:*** |  | | ***Alternate:*** |  |
| **Fax:** | | | |  | | | | |
| **Email:** | | | |  | | | | |
| **Preferred method of contact:** | | | | <Select> | | | | |
| 1. **Description of Community or Organization (150 words maximum)**   Provide a basic description of the First Nation or Métis Community, or the First Nation or Métis Organization that the Project will benefit, and their energy priorities. If the Community or Organization has completed a community energy plan, please indicate that here. | | | | | | | | | |
|  | | | | | | | | | |
| 1. **Applicant Eligibility (50 words maximum)**   Please describe how the applicant meets the eligibility requirements of the ECB Program. | | | | | | | | | |
|  | | | | | | | | | |
| **Section 3: Project Information** | | | | | | | | | |
| 1. **Project purpose and description (225 words maximum)**   Please provide a detailed description of the Project and the applicant’s motivation for undertaking the Project. | | | | | | | | | |
|  | | | | | | | | | |
| 1. **Project Team (100 words per member maximum)**   Please provide a brief description of the Project Team and summarize how they are qualified to support the Project. | | | | | | | | | |
|  | | | | | | | | | |
| 1. **Anticipated impact on Community (250 words maximum)**   Please provide a detailed description of the anticipated impact on the applicable First Nation or Métis Community or First Nation or Métis Organization. This can include:   1. Contributions to energy security 2. Social/economic benefit 3. How successes will be measured and evaluated | | | | | | | | | |
|  | | | | | | | | | |
| 1. **Knowledge mobilization (125 words maximum)**   Please describe what materials or resources will be developed as part of the Project and how they will be made easily accessible, publicly available and free of charge to the target audience(s). | | | | | | | | | |
|  | | | | | | | | | |
| 1. **Community involvement (150 words maximum)**   Please provide a detailed description of how Community or Organization members have been or will be involved. Each applicant must include a Band Council Resolution, board resolution or other endorsing document as appropriate. | | | | | | | | | |
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| **Section 4: Work Plan and Budget** |

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1. Please provide information for the Work Plan and Budget in the following table.
2. You will be required to provide detailed information on each Activity that will be undertaken for the Project which must include a detailed description of the scope of work, Project Team and Budget. The Work Plan and Budget table provides space for ten (10) Activities. If you require additional lines for Activities, please visit the Website and download the *Work Plan and Budget: Additional Activities Form,* complete it in accordance with these instructions and submit with your Application.
   1. *Scope of work* for the Activity: the detailed description must include, but is not limited to:
      1. a detailed description of the Activity
      2. how the Work will be managed
      3. how any Costs for this Activity related to meetings, travel and hospitality will remain in compliance with Section 3(c) of the Guidelines and in accordance with the [Ontario Travel, Meal and Hospitality Expenses Directive 2010](https://www.ontario.ca/document/travel-meal-and-hospitality-expenses-directive).
   2. Under the Budget, "Total Funding Contributions from Other Sources" must be deducted from the 'Total Cost of Activity' before determining the eligible Total ECB Funding Requested.
   3. For each Activity, you must identify any and all Internal Resources and External Resources that will be undertaking the Activity. The Project Team members should comprise of the individuals listed under Section 1 of the Application. Please list each Internal Resource and External Resource by individual.
   4. *Activity Responsibilities* for each Project Team member **must** include, but is not limited to:
      1. a detailed description of the roles and responsibilities in relation to the Activity of each member of the Project Team
   5. *Identification of Other Sources of Funding*
      1. You will be required to identify the name of any other sources of funding who will be providing any funding in respect of each Activity in the table and the amount of funding being provided.
      2. For any other sources of funding identified, please provide additional information on the other sources of funding.
3. The *Total Project Budget and Requested Funding for all Activities* is inclusive of all Activities for which you are requesting funding through the ECB Program, including any Activities identified on the *Work Plan and Budget: Additional Activities Form.*
4. Funding provided under the ECB Program will be provided for Eligible Expenses that are incurred directly by the successful applicant in order to complete the Project. Funding will not be provided for any Ineligible Expenses that are identified in Section 3(c) of the Guidelines.

**Required Attachments:**

1. You will be required to provide the following attachments for each Internal and External Resource you identify in the Work Plan and Budget table.
2. Demonstration of compliance with the competitive procurement requirement for any provider of goods or services having an aggregate value greater than $50,000 to carry out any portion of the Work.
   1. if the applicant is subject to a competitive procurement process under the Program Guidelines:
      * Complete the competitive procurement process template (found on the ECB Website); and
      * Submit the request for proposals tendered by the applicant for each process completed.
3. For **each** Internal Resource or External Resource that has not yet been hired or retained

* The job description or posting in accordance with the Guidelines that will be used to hire the Internal Resource or External Resource which must include the qualifications of the Internal or External Resource and the selection criteria that will be used to retain the individual.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Item** | **WORK PLAN** | | | | **BUDGET *(excludes HST)*** | | | | | | | |
| **SAMPLE ONLY** | **Activity to be Completed** | **Start**  **Date *(m/y)*** | **End**  **Date *(m/y)*** | **Scope of Work**  ***(see Instructions page for full requirements)*** | **Name(s) of Other Sources Providing Funding for this Activity**  ***(if applicable)*** | | | | | **Total Cost of Activity** | **Total Funding from Other Sources** | **Total ECB Funding Requested**  (Total Cost of Activity - Total Funding from Other Sources) |
| Hire two interns to act as project support and Workshop Assistants | Nov-18 | Feb-19 | ABC First Nation will hire two Indigenous students from a relevant academic institution in the Greater Toronto Area to assist in the delivery of the project. Their training will include, but not be limited to: (a) Facilitating relevant workshops and key energy issues relevant to First Nation Communities; (b) establish connections with additional First Nation communities; (c) coordinate and track dialogue and information sharing between First Nation communities participating in the network. This will be a part-time, 4-month position. | ZYX Organization Inc. | | | | | $2,960 | $1,000 | $1,960 |
| **Resource Name, Title and Company** | **Resource Type** | | **Activity Responsibilities**  ***(see Instructions page for full requirements)*** | **Total Hours of Work** | **Hourly or Lump Sum Rate** | | **Total Cost of Resource** | |
| Anna Benson, Project Manager, ABC First Nation | Internal | | Will be responsible for leading advertisement and promotion of the positions, conducting interviews and hiring the successful applicants. | 40 | $40 | | $1,600 | |
| TBD, Administrative Support | Internal | | Currently recruiting for internal administrative employee. Will be responsible for assisting the Project Manager with advertisement and promotion of the position; including contacting universities and other applicable entities about the available position, as well as helping administer the internal hiring process. | 20 | $18 | | $360 | |
| Sam Smith, Community Outreach Coordinator, Outreach Organization Co. | External | | Sam will be responsible for outreach to First Nation communities about the opportunity to participate in the network | 100 | $1000 | | $1000 | |
| Not applicable |  | |  | 0 | $0 | | $0 | |
| Not applicable |  | |  | 0 | $0 | | $0 | |
| 1 | **Activity to be Completed** | **Start**  **Date *(m/y)*** | **End**  **Date *(m/y)*** | **Scope of Work**  ***(see Instructions page for full requirements)*** | **Name(s) of Other Sources Providing Funding for this Activity**  ***(if applicable)*** | | | | | **Total Cost of Activity** | **Total Funding from Other Sources** | **Total ECB Funding Requested**  (Total Cost of Activity - Total Funding from Other Sources) |
|  | <Select> | <Select> |  |  | | | | | $ | $ | $ |
| **Resource Name, Title and Company** | **Resource Type** | | **Activity Responsibilities**  ***(see Instructions page for full requirements)*** | **Total Hours of Work** | | **Hourly or Lump Sum Rate** | | **Total Cost of Resource** |
| Resource1 | <Select> | |  |  | | $ | | $ |
| Resource2 | <Select> | |  |  | | $ | | $ |
| Resource3 | <Select> | |  |  | | $ | | $ |
| Resource4 | <Select> | |  |  | | $ | | $ |
| Resource5 | <Select> | |  |  | | $ | | $ |
| 2 | **Activity to be Completed** | **Start**  **Date *(m/y)*** | **End**  **Date *(m/y)*** | **Scope of Work**  ***(see Instructions page for full requirements)*** | **Name(s) of Other Sources Providing Funding for this Activity**  ***(if applicable)*** | | | | | **Total Cost of Activity** | **Total Funding from Other Sources** | **Total ECB Funding Requested**  (Total Cost of Activity - Total Funding from Other Sources) |
|  | <Select> | <Select> |  |  | | | | | $ | $ | $ |
| **Resource Name, Title and Company** | **Resource Type** | | **Activity Responsibilities**  ***(see Instructions page for full requirements)*** | **Total Hours of Work** | | **Hourly or Lump Sum Rate** | | **Total Cost of Resource** |
| Resource1 | <Select> | |  |  | | $ | | $ |
| Resource2 | <Select> | |  |  | | $ | | $ |
| Resource3 | <Select> | |  |  | | $ | | $ |
| Resource4 | <Select> | |  |  | | $ | | $ |
| Resource5 | <Select> | |  |  | | $ | | $ |
| 3 | **Activity to be Completed** | **Start**  **Date *(m/y)*** | **End**  **Date *(m/y)*** | **Scope of Work**  ***(see Instructions page for full requirements)*** | **Name(s) of Other Sources Providing Funding for this Activity**  ***(if applicable)*** | | | | | **Total Cost of Activity** | **Total Funding from Other Sources** | **Total ECB Funding Requested**  (Total Cost of Activity - Total Funding from Other Sources) |
|  | <Select> | <Select> |  |  | | | | | $ | $ | $ |
| **Resource Name, Title and Company** | **Resource Type** | | **Activity Responsibilities**  ***(see Instructions page for full requirements)*** | **Total Hours of Work** | | **Hourly or Lump Sum Rate** | | **Total Cost of Resource** |
| Resource1 | <Select> | |  |  | | $ | | $ |
| Resource2 | <Select> | |  |  | | $ | | $ |
| Resource3 | <Select> | |  |  | | $ | | $ |
| Resource4 | <Select> | |  |  | | $ | | $ |
| Resource5 | <Select> | |  |  | | $ | | $ |
| 4 | **Activity to be Completed** | **Start**  **Date *(m/y)*** | **End**  **Date *(m/y)*** |  | **Name(s) of Other Sources Providing Funding for this Activity**  ***(if applicable)*** | | | | | **Total Cost of Activity** | **Total Funding from Other Sources** | **Total ECB Funding Requested**  (Total Cost of Activity - Total Funding from Other Sources) |
|  | <Select> | <Select> |  |  | | | | | $ | $ | $ |
| **Resource Name, Title and Company** | **Resource Type** | | **Activity Responsibilities**  ***(see Instructions page for full requirements)*** | **Total Hours of Work** | | **Hourly or Lump Sum Rate** | | **Total Cost of Resource** |
| Resource1 | <Select> | |  |  | | $ | | $ |
| Resource2 | <Select> | |  |  | | $ | | $ |
| Resource3 | <Select> | |  |  | | $ | | $ |
| Resource4 | <Select> | |  |  | | $ | | $ |
| Resource5 | <Select> | |  |  | | $ | | $ |
| 5 | **Activity to be Completed** | **Start**  **Date *(m/y)*** | **End**  **Date *(m/y)*** | **Scope of Work**  ***(see Instructions page for full requirements)*** | **Name(s) of Other Sources Providing Funding for this Activity**  ***(if applicable)*** | | | | | **Total Cost of Activity** | **Total Funding from Other Sources** | **Total ECB Funding Requested**  (Total Cost of Activity - Total Funding from Other Sources) |
|  | <Select> | <Select> |  |  | | | | | $ | $ | $ |
| **Resource Name, Title and Company** | **Resource Type** | | **Activity Responsibilities**  ***(see Instructions page for full requirements)*** | **Total Hours of Work** | | **Hourly or Lump Sum Rate** | | **Total Cost of Resource** |
| Resource1 | <Select> | |  |  | | $ | | $ |
| Resource2 | <Select> | |  |  | | $ | | $ |
| Resource3 | <Select> | |  |  | | $ | | $ |
| Resource4 | <Select> | |  |  | | $ | | $ |
| Resource5 | <Select> | |  |  | | $ | | $ |
| 6 | **Activity to be Completed** | **Start**  **Date *(m/y)*** | **End**  **Date *(m/y)*** | **Scope of Work**  ***(see Instructions page for full requirements)*** | **Name(s) of Other Sources Providing Funding for this Activity**  ***(if applicable)*** | | | | | **Total Cost of Activity** | **Total Funding from Other Sources** | **Total ECB Funding Requested**  (Total Cost of Activity - Total Funding from Other Sources) |
|  | <Select> | <Select> |  |  | | | | | $ | $ | $ |
| **Resource Name, Title and Company** | **Resource Type** | | **Activity Responsibilities**  ***(see Instructions page for full requirements)*** | **Total Hours of Work** | | **Hourly or Lump Sum Rate** | | **Total Cost of Resource** |
| Resource1 | <Select> | |  |  | | $ | | $ |
| Resource2 | <Select> | |  |  | | $ | | $ |
| Resource3 | <Select> | |  |  | | $ | | $ |
| Resource4 | <Select> | |  |  | | $ | | $ |
| Resource5 | <Select> | |  |  | | $ | | $ |
| 7 | **Activity to be Completed** | **Start**  **Date *(m/y)*** | **End**  **Date *(m/y)*** | **Scope of Work**  ***(see Instructions page for full requirements)*** | **Name(s) of Other Sources Providing Funding for this Activity**  ***(if applicable)*** | | | | | **Total Cost of Activity** | **Total Funding from Other Sources** | **Total ECB Funding Requested**  (Total Cost of Activity - Total Funding from Other Sources) |
|  | <Select> | <Select> |  |  | | | | | $ | $ | $ |
| **Resource Name, Title and Company** | **Resource Type** | | **Activity Responsibilities**  ***(see Instructions page for full requirements)*** | **Total Hours of Work** | | **Hourly or Lump Sum Rate** | | **Total Cost of Resource** |
| Resource1 | <Select> | |  |  | | $ | | $ |
| Resource2 | <Select> | |  |  | | $ | | $ |
| Resource3 | <Select> | |  |  | | $ | | $ |
| Resource4 | <Select> | |  |  | | $ | | $ |
| Resource5 | <Select> | |  |  | | $ | | $ |
| 8 | **Activity to be Completed** | **Start**  **Date *(m/y)*** | **End**  **Date *(m/y)*** | **Scope of Work**  ***(see Instructions page for full requirements)*** | **Name(s) of Other Sources Providing Funding for this Activity**  ***(if applicable)*** | | | | | **Total Cost of Activity** | **Total Funding from Other Sources** | **Total ECB Funding Requested**  (Total Cost of Activity - Total Funding from Other Sources) |
|  | <Select> | <Select> |  |  | | | | | $ | $ | $ |
| **Resource Name, Title and Company** | **Resource Type** | | **Activity Responsibilities**  ***(see Instructions page for full requirements)*** | **Total Hours of Work** | | **Hourly or Lump Sum Rate** | | **Total Cost of Resource** |
| Resource1 | <Select> | |  |  | | $ | | $ |
| Resource2 | <Select> | |  |  | | $ | | $ |
| Resource3 | <Select> | |  |  | | $ | | $ |
| Resource4 | <Select> | |  |  | | $ | | $ |
| Resource5 | <Select> | |  |  | | $ | | $ |
| 9 | **Activity to be Completed** | **Start**  **Date *(m/y)*** | **End**  **Date *(m/y)*** | **Scope of Work**  ***(see Instructions page for full requirements)*** | **Name(s) of Other Sources Providing Funding for this Activity**  ***(if applicable)*** | | | | | **Total Cost of Activity** | **Total Funding from Other Sources** | **Total ECB Funding Requested**  (Total Cost of Activity - Total Funding from Other Sources) |
|  | <Select> | <Select> |  |  | | | | | $ | $ | $ |
| **Resource Name, Title and Company** | **Resource Type** | | **Activity Responsibilities**  ***(see Instructions page for full requirements)*** | **Total Hours of Work** | | **Hourly or Lump Sum Rate** | | **Total Cost of Resource** |
| Resource1 | <Select> | |  |  | | $ | | $ |
| Resource2 | <Select> | |  |  | | $ | | $ |
| Resource3 | <Select> | |  |  | | $ | | $ |
| Resource4 | <Select> | |  |  | | $ | | $ |
| Resource5 | <Select> | |  |  | | $ | | $ |
| 10 | **Activity to be Completed** | **Start**  **Date *(m/y)*** | **End**  **Date *(m/y)*** | **Scope of Work**  ***(see Instructions page for full requirements)*** | **Name(s) of Other Sources Providing Funding for this Activity**  ***(if applicable)*** | | | | | **Total Cost of Activity** | **Total Funding from Other Sources** | **Total ECB Funding Requested**  (Total Cost of Activity - Total Funding from Other Sources) |
|  | <Select> | <Select> |  |  | | | | | $ | $ | $ |
| **Resource Name, Title and Company** | **Resource Type** | | **Activity Responsibilities**  ***(see Instructions page for full requirements)*** | **Total Hours of Work** | | **Hourly or Lump Sum Rate** | | **Total Cost of Resource** |
| Resource1 | <Select> | |  |  | | $ | | $ |
| Resource2 | <Select> | |  |  | | $ | | $ |
| Resource3 | <Select> | |  |  | | $ | | $ |
| Resource4 | <Select> | |  |  | | $ | | $ |
| Resource5 | <Select> | |  |  | | $ | | $ |
| Do you require space for additional Activities?  Yes, a supplementary *Work Plan and Budget: Additional Activities Form* has been attached to this Application for additional Activities  No, additional space is not required. | | | | | | | | | | | | |
| **Total Project Budget and Requested Funding for all Activities** | | | | | | | | | |  |  |  |

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| **Section 5: Applicant Declaration** |



The following page **must** be printed, signed and submitted with your ECB Application (for electronic submissions a scanned copy may be provided). Where the Application is in respect of joint applicants, a **signed copy of Appendix B: Joint Applicant Declaration Page B** **must** be submitted for each joint applicant. Breach of the representations, warranties and agreements may result in the rejection of the Application by the IESO.

I represent and warrant to, and agree with, the IESO, and acknowledge that the IESO is relying on such representations, warranties, and agreements as a condition precedent to the review and, if applicable, the acceptance of this Application, as follows:

1. The information contained in the Application is true, accurate and complete in all material respects.
2. As of the date set out below, the applicant and the Project meet all the applicable eligibility criteria set out in Section 3 of the ECB Program Guidelines.
3. I am not in default, and have never been in default, of any existing agreements with the IESO, its predecessor entities, or any of their third party fund managers, including funding agreements under other support programs.
4. Other than as set out in the Application, I have not received, and do not expect to receive, any funding for any Activities that are, or could be perceived to be, duplicative of funding requested under the Application.
5. I have read the ECB Program Guidelines, and acknowledge that if this Application is successful, the applicant will be required to enter into the ECB Funding Agreement to receive funding.
6. I consent and have sought and received the consent of the applicant’s Affiliates for the IESO to (a) communicate with the Affiliates or any other relevant third parties, and (b) use all information, including Confidential Information, in the possession of the IESO, for the purposes of evaluating and accepting or rejecting the Application.
7. I acknowledge that the IESO has advised the applicant to seek independent legal advice with respect to the subject matter of this Application, and subsequently, I acknowledge and agree that the applicant has had the opportunity to do so.
8. I acknowledge that the IESO reserves the right to make public the name of the applicant and any respective Affiliate, the title and summary of the Project, the amount of any funds awarded, and any information in the Application not clearly identified as Confidential Information by the applicant.
9. I acknowledge that the IESO reserves the right to accept or reject any Application for any reason, and that receipt by the IESO of this Application does not constitute a commitment by the IESO to provide funding to the applicant, nor does it create any business relationship between the applicant and the IESO.
10. I acknowledge that the IESO may at any time cancel, suspend or amend all or any part of the ECB Program.

|  |  |
| --- | --- |
| **THE APPLICANT HAS READ AND AGREES WITH THE ABOVE DECLARATIONS:** |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Name of Applicant** |  | **Date** |
|  |  |  |
| **Signatory's Name (print)** |  | **Signatory Signature**  ***I have the authority to bind the Applicant.*** |

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| --- | --- | --- | --- |
| **Section 6: Attachments Checklist** | | | |
| **C:\Users\visrams\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\I5GT3CFP\Info_Simple_bw.svg[1].png**   * The following supporting documentation **must** be attached with the Application form. **Unless there is a "Not Applicable" option, all attachments must be included in your Application submission.** * Please ensure you have made the appropriate selection under the *Status* column for each required document and attached all corresponding documentation with your Application. * Where the Application is being submitted electronically, please identify the file name of each attachment in the "File Name(s) in Submission" column below. Where the Application is being submitted in hard copy, please clearly number each attachment in the upper-right hand corner of the first page of each attachment, and identify the item number in the "File Name(s) in Submission" column below. | | | |
| **Required Document(s)** | **Status** | **Additional Instruction** | **File Name(s) in Email Submission** |
| **Signed Applicant Declaration Page** | <Select> | The Applicant Declaration Page **must** be printed, signed by the signatory, and scanned (PDF) as part of the Application. |  |
| **Joint Applicant(s) Declaration Page(s)**  (if applicable) | <Select> | A copy of the Applicant Declaration Page must be provided for **each** joint applicant. The Applicant Declaration Page **must** be printed, signed by the signatory for each joint applicant, and scanned (PDF) as part of the Application. |  |
| **Joint Applicant(s) Information Page(s)**  (if applicable) | <Select> | A completed ‘Appendix A: Joint Applicant Information’ page is required for **each** joint applicant applicable to this Application. |  |
| **Evidence demonstrating support from the applicant Community or Organization** | <Select> | Evidence **must** be provided that the applicant Community or Organization is supportive of the Application to the ECB Program and Project. This can include:   * + 1. A Band Council Resolution (BCR)     2. A board resolution     3. Other endorsing documents as appropriate.   *Please see Section 4(b) of the Guidelines for more information* |  |
| **Evidence demonstrating support from each joint applicant Community or Organization**  (if applicable) | <Select> | Evidence **must** be provided for **each** joint applicant that the Community or Organization is supportive of the Application to the ECB Program and Project. This can include:   1. A Band Council Resolution (BCR) 2. A board resolution 3. Other endorsing documents as appropriate.   *Please see Section 4(b) of the Guidelines for more information.* |  |
| **Evidence demonstrating compliance with competitive procurement process for all External Resources costing greater than $50,000.00**  (if applicable) | <Select> | Evidence must be provided for each External Resource that is required to be retained through a competitive procurement process:   1. Complete the competitive procurement process template (found on the ECB Website); and 2. Submit the request for proposals tendered by the applicant for each process completed. |  |
| **Job description for Internal Resource(s) or External Resource(s) not yet hired**  (if applicable) | <Select> | A job description is required for **each** Internal Resource or External Resource not yet retained must be submitted, which must include the qualifications of the Resource and the selection criteria that will be used to retain the individual. |  |

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| **Appendix A: Joint Applicant Information** | | | | | | |
| **INSTRUCTIONS:**  Please complete this section if the Application is being submitted by joint applicants. If the Application is being submitted by more than one joint applicant, you can download additional ‘Joint Applicant Information’ forms through the link below:  <http://ieso.ca/en/get-involved/funding-programs/education-and-capacity-building-program/process-documents> | | | | | | |
| 1. **Joint applicant name:** |  | | | | | |
| 1. **Joint applicant type:** |  | First Nation and Métis Community | | | | |
|  | First Nation and Métis Organization  *If applying as an Organization, please list the represented Communities below that make up this Organization:* | | | | |
|  | Non-Indigenous entity  *If selected, please describe the entity:* | | | | |
| 1. **Signatory:**   *Signatory* ***must*** *have the signing authority to bind the joint applicant* | **Name:** | |  | | | |
| **Title:** | |  | | | |
| **Mailing address:** | |  | | | |
| **Phone number:** | | ***Main:*** |  | ***Alternate:*** |  |
| **Fax:** | |  | | | |
| **Email:** | |  | | | |
| **Preferred method of contact:** | | <Select> | | | |
| 1. **Description of Community or Organization (150 words maximum)**   Please provide a detailed description of the joint applicant. | | | | | | |
|  | | | | | | |
| 1. **Applicant eligibility (50 words maximum)**   Please describe how the joint applicant meets the eligibility requirements of the program. | | | | | | |
|  | | | | | | |
| 1. **Joint applicant rationale (100 words maximum)**   Please provide a description of how the joint Application will strengthen the Project or enhance the access or delivery to the target audience. | | | | | | |
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| **Appendix B: Joint Applicant Declaration** |



The following page **must** be printed, signed and submitted with your ECB Application (for electronic submissions a scanned copy may be provided). Where the Application is in respect of joint applicants, a **signed copy of Appendix B: Joint Applicant Declaration Page B** **must** be submitted for each joint applicant. Breach of the representations, warranties and agreements may result in the rejection of the Application by the IESO.

I represent and warrant to, and agree with, the IESO, and acknowledge that the IESO is relying on such representations, warranties, and agreements as a condition precedent to the review and, if applicable, the acceptance of this Application, as follows:

1. The information contained in the Application is true, accurate and complete in all material respects.
2. As of the date set out below, the joint applicant and the Project meet all the applicable eligibility criteria set out in Section 3 of the ECB Program Guidelines.
3. I am not in default, and have never been in default, of any existing agreements with the IESO, its predecessor entities, or any of their third party fund managers, including funding agreements under other support programs.
4. Other than as set out in the Application, I have not received, and do not expect to receive, any funding for any activities that are, or could be perceived to be, duplicative of funding requested under the Application.
5. I have read the ECB Program Guidelines, and acknowledge that if this Application is successful, the joint applicant will be required to enter into the ECB Funding Agreement to receive funding.
6. I consent and have sought and received the consent of the joint applicant’s Affiliates for the IESO to (a) communicate with the Affiliates or any other relevant third parties, and (b) use all information, including Confidential Information, in the possession of the IESO, for the purposes of evaluating and accepting or rejecting the Application.
7. I acknowledge that the IESO has advised the joint applicant to seek independent legal advice with respect to the subject matter of this Application, and subsequently, I acknowledge and agree that the joint applicant has had the opportunity to do so.
8. I acknowledge that the IESO reserves the right to make public the name of the joint applicant and any respective Affiliate, the title and summary of the Project, the amount of any funds awarded, and any information in the Application not clearly identified as Confidential Information by the joint applicant.
9. I acknowledge that the IESO reserves the right to accept or reject any Application for any reason, and that receipt by the IESO of this Application does not constitute a commitment by the IESO to provide funding to the joint applicant, nor does it create any business relationship between the joint applicant and the IESO.
10. I acknowledge that the IESO may at any time cancel, suspend or amend all or any part of the ECB Program.

**THE JOINT APPLICANT HAS READ AND AGREES WITH THE ABOVE DECLARATIONS:**

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| **Name of Joint Applicant** |  | **Date** |
|  |  |  |
| **Signatory's Name (print)** |  | **Signatory Signature**  ***I have the authority to bind the Joint Applicant.*** |