**SIOUX LOOKOUT AREA ABORIGINAL MANAGEMENT BOARD**

**P.O. Box 56, 80 Front Street, Sioux Lookout, Ontario P8T 1A1, Tel 807-737-4047, Toll free 1-800-563-2183**

HARVESTER’S SUPPORT GRANT PROGRAM APPLICATION

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APPLICATION FOR:

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| File Number:  |
| Legal Name of Applicant:  First Nation |
| Mailing Address: |
| City/Town: | Province:Ontario | Postal Code:POV | Telephone #:( 807 ) |
| Name of Contact Person(s): | Fax #:( 807)  |
| State in summary from the objectives and expected results of activities. (Attach detailed documentation):The\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Nation is applying for funding under the **Harvester’s Support Grant Program (HSG**) through the Sioux Lookout Area Aboriginal Management Board ( SLAAMB ). The application is broken down into three parts in order to meet the objectives of the HSG Program: PLEASE CIRCLE WHICH ONE (S) APPLIES TO YOUR PROGRAMING (S).1. Community Food Sharing: To improve access to country and traditional foods by increasing food sharing by the local hunters, fishermen, gatherers and trappers.
2. Community Hunts and Harvests: To increase the number of harvesters in the community and improve knowledge sharing between existing and new harvesters
3. Training and Traditions: To reduce unemployment and improve knowledge sharing within the community

The local Hunters/Trappers Committee along with the BEDO and Band Council will determine who will get individual funding for harvesting activities. The Band Council and Finance Officer will authorize the payments/reimbursements for the harvesters.The HTC/Band will report on the number of community food sharing events. The percentages of catch that will return to the community, number of individual hunters, will also target unemployed, unskilled and young people (both male and female).The HSG Program will contribute to the existing programs and activities that currently exist in our community (i.e. school lunch program, skills and training programs, Choose Life program). We will partner with these programs as well.The HTC/Band Council will show transparency by creating a social media site ( live training will be done through the site as well) and will have a dispute mechanism in place for the HSG program.The HSG Program will restore and strengthen our community traditions |
| Duration of Activity: | From: | dd / mm/ yyyy | To: | dd / mm/ yyyy |
|  |  |
| Location of Activity: First Nation territory |

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| Number of Participants: |  | Total Contribution Requested: $ |  |

Number of Participants to be recruited from the following categories

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Female |  | Male  |  | Youth  |  | Disabled  |  |

WAGE COSTS (Harvester’s Coordinator or Project Workers **ONLY if Applicable)**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Occupations | No. of Persons | No. of Weeks | Total Weeks | Hours / Week | Total Hours | Wage Rate / Hour ($) | SLAAMB Contribution Requested (Totals) |
| (Col. 1) | (Col. 2) | (Col. 3) | (Col. 4)(Col. 2 x 3) | (Col. 5) | (Col. 6) | (Col. 7) | (Col. 8)(Col. 6 x 7) |
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| Totals |  |  |  |  |  |  |  |
| Subtotal 1 | $ |
| Mandatory Employment Related Costs  | % | x | Subtotal 1 | $ | = |  |
| Subtotal 2 | $ |
| **Equipment Purchases (Attached Receipts)** |  |  |
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| Total Equipment Costs | Cost - $  |  |
| **Special Costs (Please itemize)** |  |  |
| Fridge, Coolers, Chest Freezer plus freight |  |  |
| Ammunition, traps, fishing nets, fuel, snowshoes, knives |  |  |
| Sewing machines |  |  |
| Chainsaw rentals $­­­­­\_\_\_\_\_ /day; Skidoo/ATV rentals $\_\_\_\_\_/day |  |  |
| Truck rentals $\_\_\_\_\_\_\_/day; Boat & motor rental $\_\_\_\_\_\_/day |  |  |
| Total Special Costs | Cost - $ |  |
| **Training Costs (Please itemize)** |   |  |
| Hunting/trapping workshops (maintenance of harvesting sites) |  |  |
| Traditional knowledge, practices and techniques |  |  |
| Safety rescue equipment; maintenance of equipment |  |  |
| Food processing and storage; shelter and clothing |  |  |
| Total Trainingl Costs |  Cost - $ |  |
| Participant Allowances: | # of Participants: | Rate Per Week: | # of Weeks Per Participant: | Total Cost for Allowances: |  |
| Total SLAAMB Contribution $  |  |
| Sources(s) of Other Funds:  |  |

**TRAINING PLAN**

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| --- | --- |
| 1. OCCUPATION FOR WHICH THE TRAINING AND WORK EXPERIENCE WILL PREPARE THE PARTICIPANT:

Community Harvester ( Hunter,Gatherer, Fisherman, Trapper, Traditional knowledge Keeper, etc ) | 1. NO. OF PARTICPANTS:
 |
| 1. PERSON/ORGANIZATION WHO PREPARED THE TRAINING COMPONENT:
 |
| 1. NAME OF THE PUBLIC OR NON-PUBLIC INSTITUTION(S) THAT WILL PROVIDE THE TRAINING, SHOULD THE TRAINING BE PROVIDED BY INDIVIDUALS. PLEASE PROVIDE THE NAMES AND QUALIFICATIONS OF THE TRAINEES.

Experienced Community Harvesters, Elders, Knowledge Keepers, Train the Trainer |
| 1. **TRAINING TO BE PROVIDED:**

Modes of transportation. Firearms safety training and certification, hunter’s safety, operator training and licensing for watercraft and off-road vehicles. Trapper’s training. Traditional fishing techniques.Hunters/trappers territories, planning hunting trips, knowing types of animals, waterfowls, fish, berries, medicines.Personal safety and rescue equipment. Maintenance of equipment and harvesting sites. Fish netting techniques.Food preparation, planting, processing and storage; temporary shelter and outdoor clothing.Traditional knowledge and practices and techniques |
| 1. NO. OF TRAINING HOURS:
 | 1. NO. OF PARTICIPANTS:
 | 1. TOTAL # OF PARTICIPANT TRAINING HOURS:
 |
| ---------------------------------- | X | ----------------------------------- | = | ------------------------------------------- |
| 1. WORK EXPERIENCE TO BE PROVIDED:

Planning and going out on harvesting expeditions |

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| Legal Signing Officers (those who have legal authority to sign the contract, any amendments and report, etc.  |
| Title | Name | Signature |
| 1. | Harvester’s Support Coordinator |  |  |
| 2. | Band Administrator |  |  |
| 3. | Chief and/or Deputy Chief |  |  |
| 4. | Band Councillor |  |  |
| 5 | Band Councillor |  |  |
| Any two or three who have signing authority for your First Nation Organization. |
| Person responsible for books:  |
| Name: | Tele. # (Business):(807) | Tel. No. (Home):(807)  |
| Name of Bank: | Account Number(s):  |
| Address: | Type of Account: |
| Any Attachments ie price quotes? | Yes |  | No |  |