

CAPACITY FUNDING APPLICATION TO SUPPORT INFORMATION SHARING FOR FEDERAL TERRESTRIAL SPECIES AT RISK LISTING AND RECOVERY PLANNING

**Species At Risk Act (SARA) Consultation, Cooperation, and Accommodation Project**

Purpose of This Funding

Environment and Climate Change Canada (ECCC) has heard from many Indigenous communities and organizations that they wish to collect and share appropriate information with ECCC so they can contribute meaningfully to SARA listing decisions, work together to develop recovery documents, and review and provide input to draft recovery documents before they are finalized and posted online. However, while some have sufficient capacity to do this, others do not. To help us work better together where capacity may be a challenge, ECCC is partnering with CIER who will administer federal capacity funding for those wishing to share data, knowledge and other information with ECCC about terrestrial species at risk but need some support to do so.

This funding is generally for up to $5000, although we will consider higher requests on a case by case basis. This capacity funding will support information sharing for the specific purposes listed above. If you wish to undertake larger species at risk projects, there is separate process and application form. To learn more about ECCC’s funding programs that support this broader work please visit the ECCC website or contact: Brigid Prouse at brigid.prouse@ec.gc.ca

Providing Input to ECCC for Recovery Planning

Once information is collected, if those sharing information wish to formalize how this is done, ECCC is open to exploring approaches that can work for everyone (e.g., MOUs, protocol agreements, data sharing agreements). The recipient of the capacity funds can provide information to ECCC on behalf of the information holders in the manner chosen by those individuals or group (e.g., detailed information, detailed information with personal information removed, high-level summary). ECCC recognizes that while this capacity funding will be used to collect information to share on particular species, the recipient may find that the community does not have information to contribute to recovery planning.

Primary Contact Details for Indigenous Community or Organization

|  |  |
| --- | --- |
| Name of Community or Organization |  |
| Contact Name |  |
| Contact Title |  |
| Contact Email |  |
| Contact Phone Number |  |
| Alternate Contact Name |  |
| Alternate Contact Title |  |
| Alternate Contact Email |  |
| Alternate Contact Phone Number |  |
| Street Address, City, Province/Territory & Postal Code |  |

**Project Timeframe** (approximate start date & end date):

|  |
| --- |
|  |

**What Species at risk is/are the focus of project activities? If other species are focused on in this work, please list.**

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|  |

**Capacity Request Details**

*In the text box below, please provide a short description of the capacity funding being requested to support your participation in SARA listing consultations and/or cooperation and consultation on recovery planning for terrestrial species at risk (e.g., honorariums, travel, room rental, hospitality, professional services, Indigenous Knowledge collection, document review and written comments). For participant fees and Elder honorariums, please provide names of individuals and the amounts associated with their roles. For professional services, please provide a day/hourly rate and description of their service (e.g., translator, facilitator).*

***Note:*** *Amounts are set by the Treasury Board of Canada and through ECCC policy for participation in federal government consultation and cooperation related activities for an individual’s time and an individual’s required expenses for in-person meetings. For further information on funding to support a person’s time to participate and travel and hospitality rates, please see Appendix A.*

**Description of Funding Requested**

|  |  |
| --- | --- |
| **Activity** | **Cost** |
| e.g., A meeting with x number of participants and x number of Elders to talk about recovery planning related to x species | $xx for room rental for X days or x hours; lunch for meeting participants at $xx per person for x people  |
| e.g., Number of days to review recovery documents, prepare for meetings, finalize comments in a written report for ECCC | person 1 (job title) at $xx per day or per x hours for x days, person 2 (job title) at $xx per day or per x hours for x days |
| e.g. small-scale community project such as gathering of information to inform actions that reduce threats to species and their habitats, training on species at risk, or communication | $ for materials, activities, time for project |

**Total Amount Requested**

|  |
| --- |
| $ |

**Note:** An in-kind contribution from applicant amounting to 20% of the budget is required if the request is over $5,000. Examples of in-kind contribution can include staff time, administration, use of office or venue space, use of supplies, food, equipment, software applications use, etc. The applicant does not need to secure funding from other sources in order to meet the in-kind requirement.

**In-Kind Contribution (if request is $5000 and over)**

|  |
| --- |
| $ |

**Past/Other Funding**:

Have you received ECCC (SARA-CCA or other) funding in the past? **Y/N**

If yes, please provide details (i.e. what species, what year, has a report been submitted?)

Have you received funding from any source that is related to the same species in this application? **Y/N**

If yes, please provide details (i.e. who are the other funders, amounts, dates other funding was received, etc.)

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**Information Sharing Details**

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| --- | --- |
| Anticipated month that information will be shared | e.g., June |
| Anticipated format for sharing information | e.g., email summary, written report, spatial data |
| Request for formalized information sharing agreement and format if known | If yes, e.g., Community’s existing information sharing agreement template is attached, Community wishes to co-develop agreement with ECCC |

***Please note that requests and cheque processing take up to eight weeks. For further information or support, please contact Lynn Mallett, CIER Project Manager at*** ***lmallett@yourcier.org******.***

|  |
| --- |
| **For CIER Internal Purposes** |
| Project # & Name: |  |
| Task #:  |  |
| Date: |  |
| Approved by: |  |

**Appendix A**

Funding to support a person’s time to participate:

We understand that communities’ policies and protocols pertaining to honoraria may differ and they may be higher or lower than the maximum amounts identified by the federal treasury board as listed below or they may take other forms. Please include in your budget request what is appropriate for your community.  If you would like to discuss please contact ***Lynn Mallett, CIER Project Manager at*** ***lmallett@yourcier.org******.***

Elders and Knowledge Holders - $500/day, $250/half day
Other participants - $350/day, $175/half day

Travel and hospitality for in person meetings:

For most up to date rates visit: <https://www.njc-cnm.gc.ca/directive/d10/en>

**Certification of Accuracy**

**Prepared and Certified Accurate by (To be filled out by applicant:**

Name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reviewed by CIER (To be filled out by CIER):**

Name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

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