

**Capacity Funding Report to Support Indigenous Participation on**

**Species at Risk Act Consultation and Recovery Planning**

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

**\*Note: These reports will be shared with ECCC and ECCC staff may reach out to the recipient to have a conversation about the outcomes of the project.**

General Project Information

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

What species at risk were the focus of the project activities?

What other species benefited from this work, list (if any)?

**Description of Funding Requested**

Please fill in the following table as per the approved capacity request and include any additional activities that were completed as part of this funding. Examples are provided in the table below.

|  |  |
| --- | --- |
| **Amount of Funding Received from CIER** | **Actual Costs** |
| $ | $ |

|  |  |
| --- | --- |
| **Activity** | **Actual** |
|  |  |
|  |  |
| 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; 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 for x days, person 2 (job title) at $xx per day for x days |

**Changes/Challenges/Results**

If applicable, please fill in any changes/challenges to the proposed activities and the results.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activity**  | **Challenges**  | **Type of Change** Revised/Added, Modified/Not Applicable  | **Description of Revisions**  | **Description of Results** |
|    |   |   |   |   |
|    |   |   |   |   |

**Information Sharing Details**

If applicable, please fill in the following table regarding appropriate information that was shared with ECCC for federal terrestrial species at risk listing and recovery planning.

|  |  |
| --- | --- |
| When was information shared? | e.g., June |
| What format was used to share information? | e.g., email summary, written report, spatial data |
| Was a formalized information sharing agreement developed? If so, why type of agreement? | If yes, e.g., Community’s existing information sharing agreement template, Community co-developed an agreement with ECCC |

**Additional Questions and Comments**

We would appreciate your feedback on the following questions, but it is not required.

Would you apply for additional funding from CIER through the SARA-CCA Project? **YES/NO**

Do you have any additional comments or recommendations you would like to share about the SARA-CCA Project?

|  |
| --- |
|  |

Payment Details

When the reporting has been approved, the holdback payment will be issued. ***Please note that requests and cheque processing take up to three weeks. The applicant will be paid and is responsible for distributing the funds to the participants (e.g. fees, travel expenses).***

**Certification of Accuracy**

**Prepared and Certified Accurate by:**

Name:

Organization:

Date:

**Reviewed by CIER:**

Name:

Date: