

Appendix C

INUVIALUIT HARVESTERS ASSISTANCE PROGRAM

Application Form

Name _____

P.O. Box _____ Community _____ Postal Code _____

Phone # _____ Inuvialuit Beneficiary # _____

1. Are you an Inuvialuit Beneficiary enrolled under the Inuvialuit Final Agreement? Yes ___ No ___

2. Are you: (circle one)

- a) A full-time harvester, i.e. you spend 6 or more months/yr fishing, hunting and/or trapping for subsistence purposes
- b) A part-time harvester, i.e. you spend less than 6 months/yr fishing, hunting and/or trapping for subsistence purposes
- c) A full or part-time harvester but currently unable to harvest because of limited income.
- d) Unable to gain entry as a new full or part-time harvester because of lack of start-up funds.

3. Household: (list all members of your household, including yourself).

Name:	Relationship (wife, son, daughter, etc.)
_____	_____
_____	_____
_____	_____
_____	_____

4. Have you or any other member of your household received assistance under this program or other similar programs (Gwich'in, Nunavut HAP) during the last three years?

Yes ___ No ___ If yes, indicate year(s) amount(s), which land claim, and type of equipment.

5. Please list current equipment in your household.

Equipment	Make and Model	Year	Condition	Comments
Snowmobile(s)				
Boat(s)				
ATV(s)				
Outboard Motor(s)				

6. Request for Assistance provide quote from Retailer

MAJOR Equipment-Appendix A	Description	Cost (Quote to be attached)	Requested IHAP Contribution up to 75% of total cost – with a minimum \$5,000.00
Snowmobile			
Boat			
O/B Motor			
ATV			
Other			

MINOR Equipment -Appendix B	Description	Cost (Quote to be attached)	Requested IHAP Contribution up to 75% of total cost – with maximum \$1,000.00
O/B Motor 25HP			
Toboggan			
Chainsaw			
Tent			
Other			

TOTAL FUNDING REQUESTED - MAJOR	\$
- MINOR	\$

7. Please explain why you need assistance and how it will help you and your household.

8. Certification

I am applying for assistance under the Inuvialuit Harvesters Assistance Program. I need this assistance to start or continue subsistence harvesting activities. To the best of my knowledge the statements in this application are true.

I give permission to designate of the Inuvialuit Harvesters Assistance Program to make any inquiries needed to evaluate the application.

I accept the condition that any assistance received under the Inuvialuit Harvesters Assistance Program may only be used to purchase those items of harvesting equipment listed and approved under this application.

Upon confirmation of funding approval, I agree to pay or make credit arrangements for the balance of the total purchase price of the items approved for assistant under the Inuvialuit Harvesters Assistance Program. It is further understood that if I have not met this obligation by March 31st of this year, approval of all funding under this program will be withdrawn.

I certify that all information give is accurate, and I understand that false or misleading statements will result in my application being denied.

Print Name _____ Signature _____

Date: _____

If you would like to add more information on your harvesting activities or why you need assistance, please attach to application.