

Appendix C

INUVIALUIT HARVESTERS ASSISTANCE PROGRAM

Application Form

Name_____Inuvialuit Beneficiary File #_____	
Mailing Address:_____	Street Address:_____
Town/City:_____	Province:_____Postal Code_____
Phone #_____	E-Mail Address:_____

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).

First & Last Name:	Relationship (Husband wife, son, daughter, etc.)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

4. Have you or any other member of your household received assistance under this program during the last three years?

Yes____ No____ If yes, indicate year(s) amount(s), 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 ~ (one major item) Please *provide a quote from Retailer, include freight costs*

MAJOR Equipment-Appendix A	Description	Cost (Quote to be attached)	Requested IHAP Contribution up to 75% of total cost – with a <u>minimum \$7,500</u>
Snowmobile			
Boat			
O/B Motor			
ATV			
Cabin Material (Quotes more than \$10,000)			
Other			

MINOR Equipment -Appendix B	Description	Cost (Quote to be attached)	Requested IHAP Contribution up to 75% of total cost – with <u>maximum \$2,500</u>
O/B Motor 25HP			
Toboggan			
Chainsaw			
Tent			
Generator			
Cabin Material (Quotes less than \$10,000)			
Other			

TOTAL FUNDING REQUESTED	- MAJOR	\$
	- MINOR	\$
	TOTAL	\$

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

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

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 given is accurate, and I understand that false or misleading statements will result in my application being denied.

Print Name _____ Signature _____

Witnessed by _____

Date: _____