



Proposal #: _____ (EMO use only)
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NAME AND MAILING ADDRESS OF AGENCY MAKING APPLICATION:	
<p style="text-align: center;">PROJECT COORDINATOR: _____</p> <p style="text-align: center;">TELEPHONE #: _____</p> <p style="text-align: center;">FACSIMILE #: _____</p>	
PROPOSAL TITLE:	
DESCRIPTION: (BRIEF DESCRIPTION ONLY - ACCOMPANYING DOCUMENTATION SHOULD EXPAND ON THE DESCRIPTION.)	
RESOURCE ALLOCATION FOR FISCAL YEAR FUNDING:	
FISCAL YEAR STARTING: APRIL 1, 20__	COMMITMENT RATIO:
ENDING: MARCH 31, 20__	
PROJECT COST (LESS TAXES) : \$	
CLAIMABLE GST \$	
TOTAL CLAIMABLE PROJECT COST: \$ _____	
JEPP COMMITMENT \$	%
MUNICIPAL COMMITMENT \$	%
FIRST NATION COMMITMENT \$	%

**JOINT EMERGENCY PREPAREDNESS
PROGRAM
APPLICATION**

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SIGNING AUTHORITIES:

WE, THE UNDERSIGNED, HAVE AUTHORITY TO MAKE A COMMITMENT ON BEHALF OF THE AGENCY IN WHOSE NAME THIS APPLICATION IS BEING MADE AND AGREE TO:

- A. ABIDE BY THE TERMS AND CONDITIONS OF JEPP AND UNDERSTAND THAT FAILURE TO DO SO MAY RESULT IN THE FORFEITURE OF FEDERAL FUNDING.**
- B. COMMIT FUNDS TO THE TOTAL AMOUNT INDICATED AND UNDERSTAND THAT THE PROJECT MUST BE COMPLETED PRIOR TO CLAIMING THE JEPP PORTION OF APPROVED COST-SHARE.**
- C. INITIATE AND MAINTAIN SEPARATE ACCOUNTING FOR ALL EXPENDITURES RELATED TO THIS PROJECT.**

SIGNATURE OF ELECTED HEAD OF COUNCIL

**SIGNATURE OF DULY ACCREDITED CLERK,
TREASURER OR ACCOUNTANT**

NAME _____

NAME _____

SIGNATURE _____

SIGNATURE _____

TITLE _____

TITLE _____

DATE _____

DATE _____

AUDIT ARRANGEMENTS: (REFERENCE JEPP GUIDELINES)

ARRANGEMENTS FOR FEDERAL RECOGNITION: (REFERENCE JEPP GUIDELINES)

SUPPORTING DOCUMENTATION: (REFERENCE JEPP GUIDELINES)

FOR EMO USE ONLY

TERRITORIAL EMO MANAGER RECOMMENDATION ____ **YES** ____ **NO**

COMMENTS:

SIGNATURE _____

DATE _____

**PLEASE FEEL FREE TO PHONE THE EMO OFFICE @ 867-667-5220 FOR FURTHER
INSTRUCTIONS IF NECESSARY.**