



<b>Proposal #:</b> _____ (EMO use only)
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<b>NAME AND MAILING ADDRESS OF AGENCY MAKING APPLICATION:</b>	
<p style="text-align: center;"><b>PROJECT COORDINATOR:</b> _____</p> <p style="text-align: center;"><b>TELEPHONE #:</b> _____</p> <p style="text-align: center;"><b>FACSIMILE #:</b> _____</p>	
<b>PROPOSAL TITLE:</b>	
<b>DESCRIPTION:</b> (BRIEF DESCRIPTION ONLY - ACCOMPANYING DOCUMENTATION SHOULD EXPAND ON THE DESCRIPTION.)	
<b>RESOURCE ALLOCATION FOR FISCAL YEAR FUNDING:</b>	
<b>FISCAL YEAR STARTING:</b> <u>APRIL 1, 2004</u>	<b>COMMITMENT RATIO:</b>
<b>ENDING:</b> <u>MARCH 31, 2005</u>	
<b>PROJECT COST (LESS TAXES) :</b> \$	
<b>CLAIMABLE GST</b> \$	
<b>TOTAL CLAIMABLE PROJECT COST:</b> \$ _____	
<b>JEPP COMMITMENT</b> \$	%
<b>MUNICIPAL COMMITMENT</b> \$	%
<b>FIRST NATION COMMITMENT</b> \$	%

**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 - CHAP 1, SECTION 1.6)

**ARRANGEMENTS FOR FEDERAL RECOGNITION:** (REFERENCE JEPP GUIDELINES - CHAP. 3, SECTION 3.2, item 8)

**SUPPORTING DOCUMENTATION:** (REFERENCE JEPP GUIDELINES - CHAP 3, SECTION 3.3)

**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.**