Athlii Gwaii Legacy Restoration Application

Please complete Part 1 and submit this document by email to the Athlii Gwaii Legacy Project Specialist agl@gwaiitrust.com. We will review the summary and discuss the project with you. If you have any questions regarding the application process, we can be reached at 250-626-7167.

Part 1: Project Summary

Project Title	Date Submitted (DD MM YYYY)
Applicant Organization (Legal Name)	**Location**
Requested Amount:	

Primary Contact Information			
Name	**Title**		
Email	**Work Phone**	**Work Extension**	**Cell Phone**
Mailing Address	**City**	**Province**	**Postal Code**
Please let us know if there are any considerations we should have while trying to contact you (e.g. working from home and only reachable by cell phone, alternate working hours, etc.)			

Use and disclosure of information:

The Gwaii Trust Society collects, uses and discloses personal information for the purposes of delivering the Athlii Gwaii Legacy Grant Program. By submitting an application, the Participant consents and agrees that the GTS administrators and their contractors and authorize agents may:

a) contact the Participant by phone, mail, email, or other method to administer, implement, evaluate, and research all elements of the program, verify information, share information on additional rebate opportunities, and to conduct surveys.

b) collect and use information (including personal information) contained in the application or acquired during participation in the program (including during virtual assessments and site verification) and may disclose the information to affiliates and contractors, any Collaborating Party to administer, implement and evaluate the program, to conduct research, to confirm eligibility, to verify compliance, for quality assurance, and to develop other programs.

Administrators, collect, use and disclose personal information pursuant to section 15(b)-(e) of the Terms and Conditions in accordance with the Freedom of Information and Protection of Privacy Act (FIOPPA), sections 26 (c) and (e). For more information contact: agl@gwaiitrust.com or mail to P.O. Box 588, Masset, B.C., V0T 1M0 attn: AGL Project Specialist.

Project Overview

Please provide a brief summary of the project and the work that will be performed:

Expected Start Date (DD MM YYYY)		**Expected End Date (DD MM YYYY)**	

Partners

Please list the contractors, consultants and partners you plan on working with for this project.

Please submit Part 1 to the AGL Project Specialist via agl@gwaiitrust.com.
Once the AGL Project Specialist has reviewed your submission, you can begin Part 2 of the application. The AGL Project Specialist will work with you on fully completing the entire application.