Indigenous Energy Projects (IEP) Program 2.1

Work Plan and Budget: Additional Activities Form

Instructions

1. Please provide detailed information on each Activity that will be undertaken for the Project which must include a detailed description of the scope of Work, IEP Team members conducting the Work, and Budget.

    a. *Scope of Work* for the Activity: the detailed description must include, but is not limited to:
        1) a detailed description of the Activity
        2) how the Work will be managed
        3) how any Costs for this activity related to Travel, Meal and Hospitality will remain in compliance with Section 3(c) of the Program Guidelines and in accordance with the Travel, Meal and Hospitality Expenses Directive.

    b. Under the Budget, "Total Funding from Other Source(s)" must be deducted from the 'Total Cost of Activity/ies' before determining the eligible Total IEP Funding Requested. The "Total IEP Funding Requested" must be no greater than 80% of the "Total Cost of Activity".

    c. Name of Other Sources of Funding

        1) You will be required to identify the name of any other sources of funding who will be providing any funding in respect of each Activity in the table and the amount of funding being provided.

    d. For each Activity, you must identify any and all Internal Resources and External Resources that will be undertaking the Activity. The IEP Team members should comprise of the individuals listed under Section 1 of the Application. Please list each Internal Resource and External Resource by individual.

2. The *Total Requested Funding for each Milestone* for all activities identified on the *Work Plan and Budget: Additional Activities Form* must be included in the *Total Requested Funding for all Milestones under IEP* identified on the Application form under section 4: *Work Plan and Budget Form*.

3. Funding provided under the IEP Program will be provided for Eligible Expenses that are incurred directly by the successful applicant in order to complete the Project. Funding will not be provided for any Ineligible Expenses that are identified in Section 3(c) of the Program Guidelines.

WORK PLAN AND BUDGET (excludes HST)							
	Activities to be Completed	**Resource Name, Title, Company and Logistics**	**Total Cost of Resource ($)**	**Targeted time Required for Activity**	**Targeted Start Date**	**Planned Output(s)**	**Budget Total Cost of Activity (excludes HST) ($)**
Milestone 1	**1.4**		$0.00				
			$0.00				
			$0.00				**$0.00**
			$0.00				
			$0.00				
	1.5		$0.00				
			$0.00				
			$0.00				**$0.00**
			$0.00				
			$0.00				

Milestone 1	Activities to be Completed	Resource Name, Title, Company and Logistics	Total Cost of Resource ($)	Targeted time Required for Activity	Targeted Start Date	Planned Output(s)	Budget Total Cost of Activity (excludes HST) ($)
	1.6		$0.00				
			$0.00				
			$0.00				**$0.00**
			$0.00				
			$0.00				
						Total Cost of Activity/ies	**$0.00**
	Name of Other Source(s) of Funding					**Total Funding from Other source(s) if applicable**	**$0.00**
						Total Requested Funding for Milestone 1 under IEP *(Total Cost of Activity/ies – Total Funding from Other Source(s)*	**$0.00**

	Activities to be Completed	Resource Name, Title, Company and Logistics	Total Cost of Resource ($)	Targeted time Required for Activity	Targeted Start Date	Planned Output(s)	Budget Total Cost of Activity (excludes HST) ($)
Milestone 2	**2.4**		$0.00				
			$0.00				
			$0.00				**$0.00**
			$0.00				
			$0.00				
	2.5		$0.00				
			$0.00				
			$0.00				**$0.00**
			$0.00				
			$0.00				

	Activities to be Completed	Resource Name, Title, Company and Logistics	Total Cost of Resource ($)	Targeted time Required for Activity	Targeted Start Date	Planned Output(s)	Budget Total Cost of Activity (excludes HST) ($)
Milestone 2	**2.6**		$0.00				**$0.00**
			$0.00				
			$0.00				
			$0.00				
			$0.00				
	Total Cost of Activity/ies						**$0.00**
	Name of Other Source(s) of Funding			**Total Funding from Other Source(s) if applicable**			**$0.00**
	Total Requested Funding for Milestone 2 under IEP *(Total Cost of Activity/ies – Total Funding from Other Source(s)*						**$0.00**

	Activities to be Completed	Resource Name, Title, Company and Logistics	Total Cost of Resource ($)	Targeted time Required for Activity	Targeted Start Date	Planned Output(s)	Budget Total Cost of Activity (excludes HST)($)
Milestone 3	**3.4**		$0.00				**$0.00**
			$0.00				
			$0.00				
			$0.00				
			$0.00				
	3.5		$0.00				**$0.00**
			$0.00				
			$0.00				
			$0.00				
			$0.00				

	Activities to be Completed	Resource Name, Title, Company and Logistics	Total Cost of Resource ($)	Targeted time Required for Activity	Targeted Start Date	Planned Output(s)	Budget Total Cost of Activity (excludes HST) ($)
Milestone 3	**3.6**		$0.00				**$ 0.00**
			$0.00				
			$0.00				
			$0.00				
			$0.00				
	Total Cost of Activity/ies						**$0.00**
	Name of Other Source(s) of Funding			**Total Funding from Other Source(s) if applicable**			**$0.00**
	Total Requested Funding for Milestone 3 under IEP *(Total Cost of Activity/ies – Total Funding from Other Source(s)*						**$0.00**

	Activities to be Completed	Resource Name, Title, Company and Logistics	Total Cost of Resource ($)	Targeted time Required for Activity	Targeted Start Date	Planned Output(s)	Budget Total Cost of Activity (excludes HST) ($)
Milestone 4	**4.4**		$0.00				
			$0.00				
			$0.00				**$0.00**
			$0.00				
			$0.00				
	4.5		$0.00				
			$0.00				
			$0.00				**$0.00**
			$0.00				
			$0.00				

Milestone 4	Activities to be Completed	Resource Name, Title, Company and Logistics	Total Cost of Resource ($)	Targeted time Required for Activity	Targeted Start Date	Planned Output(s)	Budget Total Cost of Activity (excludes HST)($)
	4.6		$0.00				**$0.00**
			$0.00				
			$0.00				
			$0.00				
			$0.00				
						Total Cost of Activity/ies	**$0.00**
	Name of Other Source(s) of Funding					**Total Funding from Other Source(s) if applicable**	**$0.00**
						Total Requested Funding for Milestone 4 under IEP *(Total Cost of Activity/ies – Total Funding from Other Source(s)*	**$0.00**

	Activities to be Completed	Resource Name, Title, Company and Logistics	Total Cost of Resource ($)	Targeted time Required for Activity	Targeted Start Date	Planned Output(s)	Budget Total Cost of Activity (excludes HST) ($)
Milestone 5	**5.4**		$0.00				**$0.00**
			$0.00				
			$0.00				
			$0.00				
			$0.00				
	5.5		$0.00				**$0.00**
			$0.00				
			$0.00				
			$0.00				
			$0.00				

	Activities to be Completed	Resource Name, Title, Company and Logistics	Total Cost of Resource ($)	Targeted time Required for Activity	Targeted Start Date	Planned Output(s)	Budget Total Cost of Activity (excludes HST) ($)
Milestone 5	**5.6**		$0.00				**$0.00**
			$0.00				
			$0.00				
			$0.00				
			$0.00				
	Total Cost of Activity/ies						**$0.00**
	Name of Other Source(s) of Funding			**Total Funding from Other Source(s) if applicable**			**$0.00**
	Total Requested Funding for Milestone 3 under IEP *(Total Cost of Activity/ies – Total Funding from Other Source(s)*						**$0.00**

WORK PLAN AND BUDGET (excludes HST) TOTALS	
Please transfer these total amounts to the IEP Application form under "Work Plan and Budget" Table.	
Total Cost of all additional activities for all Milestones **Please add this Total on the IEP Application form under Work Plan and Budget table to "Total Cost of Activities for all Milestones under IEP"**	**$0.00**
Total Funding from Other Source(s) of all additional activities for all Milestones **Please add this Total on the IEP Application form under Work Plan and Budget table to "Total Funding from Other Source(s) for all Milestones under IEP"**	**$0.00**
Total Requested Funding of all additional activities for all Milestones under IEP *(Total Cost of all additional Activities for all Milestones – Total Funding from Other Source(s) for all additional activities for all Milestones)* **Please add this Total on the IEP Application form under Work Plan and Budget table to "Total Requested Funding for all Milestones under IEP"**	**$0.00**