

March 1, 2022

Shelly D Hipson  
RR3  
Shelburne, NS B0T 1W0

Sent via email: [shellyhipson@xplornet.ca](mailto:shellyhipson@xplornet.ca)

Dear Shelly Hipson:

**Re: We do not have the information you asked for – 2022-00173-FTB**

Finance and Treasury Board received your application for access to information under the *Freedom of Information and Protection of Privacy Act* on January 31, 2022.

In your application, you requested a copy of the following records:

*<https://pm.gc.ca/en/mandate-letters/2021/12/16/minister-health-mandate-letter>*

*In this mandate letter from Prime Minister Justin Trudeau to the Federal Health Minister Duclos (link above) it states, "I ask that you achieve results for Canadians by delivering the following commitments:*

*Launching a COVID-19 Proof of Vaccination Fund to support provinces and territories who implement a requirement for proof of vaccine credentials in their jurisdiction for non-essential businesses and public spaces."*

*I would like to receive all records, briefing notes, e-mails, correspondence, fund details, a copy of the application etc., involving any monies received from this fund from the federal government to any department in the province of Nova Scotia.*

*I'm not sure if I have applied to the correct department. If not, would you please forward the request on my behalf. Thank you.*

*(Date Range for Record Search: From 07/31/2020 To 01/30/2022)*

After a file search, we have located no records responsive to your application. Therefore, it is my understanding, pursuant to clause 7(2)(b) of the *Act*, that Finance and Treasury Board does not have custody or control of records which would respond to your application.

I am unaware of a department or agency which would hold such records.

You have the right to ask for a review of this decision by the Information Access and Privacy Commissioner (formerly the Review Officer). You have 60 days from the date of this letter to exercise this right. If you wish to ask for a review, you may do so on Form 7, a copy of which is attached. Send the completed form to the Information Access and Privacy Commissioner, P.O. Box 181, Halifax, Nova Scotia B3J 2M4.

Please be advised that a de-identified copy of this disclosure letter and the attached response to your FOIPOP application will be made public after 14 days. The package will be posted online at <https://openinformation.novascotia.ca/>. The letter will not include your name, address or any other personal information that you have supplied while making your application under FOIPOP.

Please contact Chris Mack at 902-424-0262 or by e-mail at [chris.mack@novascotia.ca](mailto:chris.mack@novascotia.ca), if you need further assistance regarding this application.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Kelliann Dean', written in a cursive style.

Kelliann Dean  
Deputy Minister

## Form 7: Request for Review

**Province of Nova Scotia**  
***Freedom of Information and Protection of Privacy Act***  
**Subsection 32(1)**  
**(Applicant)**

TO: The Review Officer  
P.O. Box 181  
Halifax, NS B3J 2M4

1. This Request for Review arises out of an Application for Access to a Record or Request for Correction of Personal Information submitted to \_\_\_\_\_ (*specify public body*) on the \_\_\_\_\_ day of , 20\_\_\_\_, a copy of which Application or Request is attached to this Request for Review.

2. The applicant requests that the Review Officer review the following decision, act or failure to act of the head of the public body;

Check where applicable

\_\_\_\_\_ (a) decision dated or made on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, a copy of which is attached to this Request for Review;

\_\_\_\_\_ (b) (*specify act or failure to act*) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. The applicant requests that the Review Officer recommend that

Check where applicable

\_\_\_\_\_ (a) the head of the public body give access to the record as requested in the Application for Access to a Record;

\_\_\_\_\_ (b) the head of the public body correct the personal information as requested in the Request for Correction of Personal Information;

\_\_\_\_\_ (c) (*specify other recommendation or recommendations, if any, you consider appropriate*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Print Full Name of Applicant: \_\_\_\_\_

Mailing Address of Applicant: \_\_\_\_\_

*(Street/Apartment No./R.R. No.)* \_\_\_\_\_

*(Community/County)* \_\_\_\_\_

*(Postal Code)* \_\_\_\_\_

Telephone Numbers of Applicant: \_\_\_\_\_

*(Residence)* \_\_\_\_\_ *(Business/Cell)* \_\_\_\_\_

Fax Number of Applicant: \_\_\_\_\_

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Comments to: [IAPServices@novascotia.ca](mailto:IAPServices@novascotia.ca)