



For Official Use Only:

CSGC # _____ RC No. _____

Program:

(name of program to which you are applying for funding)

Application for Funding

The funding program under which your organization is applying has specific eligibility requirements. The Application for Funding should clearly show how the proposed project meets these requirements. Also, if applying in the context of a Call for Proposal or another time-sensitive process Employment and Social Development Canada (ESDC) must receive the Application for Funding by the closing date. Documentation received after a posted closing date will not be accepted.

In order to complete this application for funding, please read both of the following thoroughly:

- Applicant's Guide to the Application for Funding. It contains information on how to complete and submit this form;
- The funding program's information on the Web site

All parts of the application must be complete.

Thank you for your interest in our program.

Notice to Applicants:

The information collected in this application will be used, and may be disclosed, for the purposes of assessing the merits of your application. As part of the assessment process, the information may be shared with external consultants, review committee members, officials in other departments, federal, provincial and/or territorial governments or Members of Parliament.

It may also be used and/or disclosed for policy analysis, research, and/or evaluation purposes. In order to conduct these activities, various sources of information under the custody and control of ESDC may be linked. However, these additional uses and/or disclosures of information will not impact on your project.

In the event that the application contains personal information, the personal information will be administered in accordance with the Privacy Act and the provisions governing the protection of personal information that are set out in the Department of Employment and Social Development Act, as applicable.

The application is also subject to the Access to Information Act ("ATIA"). The ATIA provides every person with a right of access to information under the control of the department, subject to a limited set of exemptions. Instructions for obtaining access to this information are outlined in the government publication entitled Info Source, which is available at the following website address: infosource.gc.ca. Info Source may also be accessed on-line at any Service Canada Centre.

PART 1 - ORGANIZATION

A. ORGANIZATION IDENTIFICATION			
1. Legal Name *		2. Operating (Common) Name (if different from legal name *)	3. Business or Registration Number *
4. Organization Type *		5. Organization Category *	6. Year Established
7. Organization Address *			
8. City or Town *	9. Province or Territory *	10. Country (if not Canada *)	11. Postal Code *
12. Telephone Number * Ext.	13. Fax Number	14. E-mail Address *	
15. Mailing Address * (if different from Organization Address)			
16. City or Town *	17. Province or Territory *	18. Country (if not Canada *)	19. Postal Code *
20. Telephone Number * Ext.	21. Fax Number		
22. Organization's Mandate *			

B. ORGANIZATION CONTACT <i>This should be our primary contact person in respect to this application for funding.</i>			
23. Given Name *		Surname *	
24. Position Title	25. Preferred language of communication *		
	Written: <input type="checkbox"/> English <input type="checkbox"/> French	Spoken: <input type="checkbox"/> English <input type="checkbox"/> French	
26. ORGANIZATION CONTACT - ADDRESS *			
<input type="checkbox"/> Same as Organization Address <input type="checkbox"/> Same as Organization Mailing Address <input type="checkbox"/> Different (include below)			
27. Contact Address *			
28. City or Town *	29. Province or Territory *	30. Country (if not Canada *)	31. Postal Code *
32. Telephone Number * Ext.	33. Fax Number	34. E-mail Address	

* denotes mandatory field

C. ORGANIZATIONAL CAPACITY

35. How many employees does your organization currently have?

36. Has your organization undergone any important transformations in the past two (2) years? * Yes No

If 'Yes' please provide a description of the changes:

37. Please describe how your organization has the experience and expertise to carry out the proposed project activities. If applicable, please include any past experience with ESDC and the results of the project *

38. Does your organization owe any amounts to the Government of Canada? * Yes No

If 'Yes', please complete the fields below for each amount owing:

Amount Owing	Nature of the amount owing (e.g. taxes, penalties, overpayments)	Department or agency to which amount is owed	39. If an amount is owing, is a payment plan in place?
A.			<input type="checkbox"/> Yes <input type="checkbox"/> No
B.			<input type="checkbox"/> Yes <input type="checkbox"/> No
C.			<input type="checkbox"/> Yes <input type="checkbox"/> No
D.			<input type="checkbox"/> Yes <input type="checkbox"/> No

PART 2 - PROJECT

A. PROJECT IDENTIFICATION

40. Project Title *

41. Planned Project Start Date (yyyy-mm-dd) *

42. Planned Project End Date (yyyy-mm-dd) *

* denotes mandatory field

B. PROJECT DESCRIPTION

43. Project Objectives (must be clearly linked to the objectives of the program to which you are applying). *

* denotes mandatory field

44. Project Activities (must be broken down into clear steps). *

* denotes mandatory field

45. Expected Results of the Project (must be clearly linked to the project objectives and be specific, concrete and measurable). *

* denotes mandatory field

C. PROJECT DETAILS

46. Does the project include Results Measurement indicators? * Yes No

If 'Yes', please describe how you will meet and track the expected results of the project:

47. Does this proposed project fit with your organization's other activities? * Yes No

If 'Yes', please describe how:

48. Will any of the project activities be delivered in a different location than where your organization is located? * Yes No

If 'Yes', please include your main address and an address for every other location where project activities will occur:

Main Address	City or Town	Province or Territory	Postal Code
A.			
Secondary Address	City or Town	Province or Territory	Postal Code
B.			
C.			
D.			
E.			

* denotes mandatory field

49. Is your project designed to benefit or involve people in English or French-language minority communities? * Yes No

If 'Yes', please provide an explanation and any details on whether consultations will take place with these communities:

50. Will any other organizations, networks or partners be involved in carrying out the project? * Yes No

If 'Yes', please clearly identify the role(s) and expertise they will bring to the project:

51. Does the project address the program's national, regional or local priorities? * Yes No

If 'Yes', please select all that apply:

National

Regional

Local

52. Does your project include activities that are listed in the Canadian Environmental Assessment Agency's (CEAA) *Regulations Designating Physical Activities* established under the *Canadian Environmental Assessment Act, 2012*? *

NB: Applicants need to verify if their proposed activities are listed under the above Act - Please visit <http://ceaa.gc.ca/default.asp?lang=En&n=9EC7CAD2-1> to access the list of *Regulations Designating Physical Activities*.

No If, 'no', an Environmental Assessment is not required.

Yes

If 'yes', then, as per the *Canadian Environmental Assessment Act, 2012*, you must submit your project description electronically to the CEAA (<http://ceaa.gc.ca/default.asp?lang=En&n=63D3D025-1>) for further review. The CEAA will determine if an Environmental Assessment (EA) is required based on your project description. ESDC funding will be conditional upon receipt by ESDC of, as the case may be, CEAA confirmation that an EA is not required, or, a copy of the completed EA and confirmation that your organization is equipped to appropriately address the EA findings.

PART 3 - FUNDING

A. ANTICIPATED SOURCES OF FUNDING					
53. Source Name*	54. Source Type*	55. Cash	56. In-kind (\$ value)	57. Confirmed*	
				Cash	In-kind
ESDC	ESDC				
Total Funding for the Project					

B. BUDGET (PLEASE REFER TO QUESTION 64 TO PROVIDE ADDITIONAL BUDGET INFORMATION)			
58. Cost Category*	Planned Expenditures (\$)		
	59. ESDC	60. Other - Cash	61. Other - In kind
Total Planned Expenditures			

C. BUDGET DETAILS
<p>62. Associated Businesses or Individuals: Please check all statements below that apply to your planned expenditures of ESDC funding:</p> <p><input type="checkbox"/> Contracts valued at \$25,000 or more are part of the planned expenditures</p> <p><input type="checkbox"/> Contracts with businesses or individuals legally associated with the applicant organization are among the planned expenditures</p> <p><input type="checkbox"/> Contracts with outside providers to manage all or part of the project activities on behalf of the applicant organization are among the planned expenditures</p>

63. **Capital Assets:** Will capital assets be among your planned expenditures with ESDC funding? * Yes No

If yes, please explain the benefit of the purchase that are necessary to carry out the project activities:

64. **Further Budget Details:**

* denotes mandatory field

PART 4 - DECLARATION

In order for your application to be eligible for funding, it must be completed and signed by the official representative(s) of the applicant organization in accordance with the organization's by-laws or other constituting documents. The person(s) signing this form certify(ies) the following:

- A. I certify that I have the capacity and that I am authorized to sign and submit this Application on behalf of the Organization named in Part 1;
- B. I certify that the information provided in this Application and supporting documentation is true, accurate, and complete to the best of my knowledge; and
- C. I certify that the Organization and any person lobbying on its behalf is in compliance with the [Lobbying Act, R.S.C., 1985, c. 44 \(4th Supp.\)](#) and that no commissions or contingency fees have or will be paid directly or indirectly to any person for negotiating or securing this request for funding.

Signatory Name (please print) Title (please print)

Signature Date (yyyy-mm-dd)

Signatory Name (please print) Title (please print)

Signature Date (yyyy-mm-dd)

Signatory Name (please print) Title (please print)

Signature Date (yyyy-mm-dd)

* denotes mandatory field

APPENDIX A

Instructions: For each block of text you include below (if any), please specify the section it is meant to continue.

e.g. Part 1, Section 1C, Question 36 – continued: insert the rest of your answer here.

* denotes mandatory field

* denotes mandatory field

* denotes mandatory field