

CANADIAN CULTURE ONLINE GENERAL APPLICATION FORM

INSTRUCTIONS

Please complete parts A, B and C and sign and date the form in part D for each project for which you are requesting support. Please ensure that all information requested in the guidelines of the fund from which you are requesting support is complete and included with this form.

Name of organization or institution in full Previous name of organization/institution (if applicable) Has your organization/institution ever applied to the Department of Canadian Heritage for funding? Sector of Organization No	PART A – APPLICANT INFORMATION		
Has your organization/institution ever applied to the Department of Canadian Heritage for funding? Sector of Organization Private Public Non-profit Scope of activities Local Municipal Provincial Territorial National LEGAL STATUS Incorporated? Yes Federal Provincial / Territorial Registration No. In Process? Yes Date Applied Please note that applicants to the Partnerships Fund must be incorporated by the application deadline. PART B - CONTACT INFORMATION Name of contact person Mr. Ms. Mrs. Miss Other Title of contact person Mailing Address (if different) Office Tel. No. Electronic Mail Address Web site address http://	Name of organization or institution in full		
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In which official language do you wish to communicate?	Office Tel. No.	ffice Fax. No.	
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Aussi disponible en français

7540-CH-002-0950 04/06

PART C - PROJECT DESCRIPTION		
Under which component of the CCOP are you applying?		
Partnerships Fund		
New Media Research Networks Fund	Gateway Fund	
Project Title		
Brief Project Description		
Proposed Start Date	End Date	
Total Cost of Project Activity \$	Total amount requested from the Department	
Have you also applied to other federal programs for funding for this project?		
No Yes Please specify		
DART D. AFFIRMATION		
PART D – AFFIRMATION		
I AFFIRM THAT the information in this application is accurate and complete in all respects, and that the attached project proposal is fairly presented. I agree that if funding is provided, any change to the project will require prior approval of the Department. I agree to publicly acknowledge funding and assistance by the Department, in accordance with the terms of the funding agreement. I also agree that interim and final reports will be submitted as requested by the Department and, when required, financial accounting for audit and evaluation of the activity funded by the Department. I understand that the information provided in this application may be accessible under the <i>Access to Information Act</i> . I also agree to respect the spirit and intent of the various acts governing the programs of the Department of Canadian Heritage.		
XName of authorized signatory (please print)	XTitle	
XSignature	XDate	
OFFICE USE ONLY Date received	Program Officer	



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