



APPLICATION FORM  
CONTRIBUTIONS PROGRAM  
2005-2006

Office of the Privacy Commissioner of Canada  
3<sup>rd</sup> floor, 112 Kent Street  
Ottawa, Ontario  
K1A 1H3

Also available on Office of the Privacy Commissioner of Canada's web site: <http://www.privcom.gc.ca>

# Application Form

## I. APPLICATION FOR FUNDING

Application Reference  
Number  
(OPC Office Use Only)

### Identification of Applicant

Name of Organization		
Previous Name, if changed in last year		
Address		
City	Province	Postal Code
Telephone	FAX	E-mail
Organization Representative:		Telephone

## II. THE PROPOSAL

Attach your project proposal or proposals (See pages 5 to 6 of the Applicant's Guide for further detail).

## III. DECLARATIONS

### *Conflict of Interest and Post-Employment Code for Public Office Holders*

1. Do you presently employ in your organization or on your Board of Directors, a former public office holder who left the federal government in the last twelve months?

YES  NO

2. If you have answered yes to question 1, was this person at the senior manager level position (EX) or above while in public office?

YES  NO

If yes, please ask that the person contact his/her former department to obtain written confirmation that he/she is in compliance with the post-employment provision of the Conflict of Interest and Post-Employment Code. Such confirmation must be provided to the Contributor.

**Lobbyist Registration Act**

1. Do you presently employ in your organization persons to lobby on its behalf?

YES  NO

2. If you have answered yes to question 1 above, are the persons lobbying on your organization's behalf registered pursuant to the *Lobbyist Registration Act*?

YES  NO

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**IV. OTHER SOURCES OF FUNDING**

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If you have received or are applying for project funding (for this project) through any other federal or provincial government department or agency, please provide the name and address of the source, date and amount requested or awarded, and project title for which you are requesting funding.

**Other Sources of Funding**

Source (Federal or Provincial Department or Agency)	Project Title	Amount Awarded/ Requested

Please provide additional information as Schedule B – Other Sources of Funding

This declaration must be signed by a person with signing authority within the organization.

Signature of Organizational Representative	Date
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*Please return to:*

**Raymond D'Aoust**  
**Assistant Commissioner**  
**Office of the Privacy Commissioner of Canada**  
**3<sup>rd</sup> Floor, Place de Ville, East Tower**  
**112 Kent Street**  
**Ottawa Ontario K1A 1H3**

**PROTECTED WHEN COMPLETED**