

**FORM A**

**ORGANIZATION PROFILE**

**Name of Organization** \_\_\_\_\_

**Incorporation Number** \_\_\_\_\_ **Year of Incorporation** \_\_\_\_\_

**Organization Mandate**

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**Membership/make-up of Organization**

- Individuals (approximate number) \_\_\_\_\_
- Organizations (approximate number) \_\_\_\_\_
- Other (please specify) \_\_\_\_\_  
\_\_\_\_\_

**Delivery Capacity**

Please provide an estimation of the “combined reach” of your membership as one indicator of the delivery capacity of your organization:

Number of individuals \_\_\_\_\_

Number of provinces/territories in which you are currently active \_\_\_\_\_

Estimated number of volunteer hours \_\_\_\_\_

**Organizational Match**

Please provide a brief overview of your organization’s unique contribution to helping Canadians improve their health through regular physical activity:

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**Healthy Living**

Please provide a brief overview of the relationship between your organization’s mandate and the Healthy Living Strategy Framework.

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**Significant Accomplishments of the Organization in Past Year**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Additional Information**

The following information items are required for review and audit purposes. Please ensure that they are submitted with your application.

- articles of incorporation
- Current constitution and by-laws
- Current organizational chart;
- Most recent audited financial statements;
- Names and addresses of board members and professional staff.

**PROPOSAL FOR PROJECT SUPPORT**

*Please see Contribution Guidelines for **Project Support** (pages 14-16), for factors which will be considered in reviewing applications.*

Please note that each Proposal for Project Support (Form B) **must be no longer than seven pages in length**. To ensure fair and consistent practice, **proposals which are longer than seven pages will not be considered**. [Please use Times Roman 12 font, single spaced, 1 inch margins]

**Name of Organization** \_\_\_\_\_

**Title of Project** \_\_\_\_\_  
(maximum of 12 words)

**1. Project Description**

In no more than 200 words, provide a brief description of the project, including its general intent and key elements.

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**2. Need and Rationale**

Describe the specific need and rationale for the project, and include why and how this project is unique, of priority and merits support. Ensure to include details as to how this project supports the Healthy Living Strategy Framework.

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**Please note:** The Public Health Agency of Canada will not support projects which appear to duplicate services or products already in existence. Please see the Physical Activity Unit Web site ([www.phac-aspc.gc.ca/pau-uap/fitness/pacp/index.html](http://www.phac-aspc.gc.ca/pau-uap/fitness/pacp/index.html))





## 9. Budget

Indicate major budget components of the project, including amounts requested from PHAC, and from other sources of support.

CATEGORIES	TOTAL COST	REQUESTED FROM PHAC	FUNDING FROM OTHER SOURCES
<b>Personnel</b> (provide hourly/daily rates if applicable) e.g., - staff position - project contractor			
<b>Travel &amp; Accommodation</b> (specify what/how many etc)			
<b>Utilities &amp; Rent</b> e.g., - phone - fax - rent etc.			
<b>Materials &amp; Supplies</b> e.g., - office supplies - printing - postage etc			
<b>Costs of Services</b> e.g., - translation - equipment rental etc			
<b>Evaluation &amp; Dissemination</b> e.g., - preparation - data analysis - reporting - dissemination			
<b>Other</b> e.g., - bank charges - audit			
<b>TOTAL</b>			

## FORM C

### PARTNERSHIP STATEMENT

Organizations applying for financial support under the Public Health Agency of Canada's Physical Activity Contribution Program are requested to demonstrate partnerships as part of their proposal.

Please complete this statement for each identified partner, and attach to the proposal.

**Organization:** \_\_\_\_\_

**Project:** \_\_\_\_\_

**Partner Organization:** \_\_\_\_\_

Please describe the nature and duration of any past partnership between the two organizations:

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Please describe the partner's role in the proposed project:

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Please describe the partner's financial and/or human resource contribution towards the proposed project:

- Financial contribution:                   \$ \_\_\_\_\_
- In-kind support. Please briefly describe all that apply:
  - Promotion/Communication/Networking
  - Resource/Program Development
  - Dissemination/implementation

- Marketing/advertisements
- Assistance with Evaluation
- Research
- Other

Partner Organization Signature

National Organization Signature

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Date

Date

It is understood that signing of this Partner Statement by no means constitutes a commitment or obligation on the part of the signatory organizations. Rather, it signifies an intent to support this project should it be financially supported by the Public Health Agency of Canada.

**FORM D**



**SUMMARY AND PRIORITIZATION -  
PHYSICAL ACTIVITY CONTRIBUTION PROGRAM SUBMISSION**

**NAME OF ORGANIZATION:**

If you have submitted more than one project proposal, please itemize your Project funding requests **in order of priority**.

Programs/Projects	Priority	Amount Requested
<b>TOTAL PROGRAM/PROJECT SUPPORT</b>		
<b>AUTHORIZED REPRESENTATIVE</b>  <b>Name:</b> <b>Title:</b>	<b>SIGNATURE:</b>	<b>DATE (DD/MM/YR):</b>