



PROPOSAL ASSESSMENT, RECOMMENDATION and APPROVAL FORM

INSTRUCTIONS

Note: This form contains **GENERIC** questions that address common standard requirements for all HRDC project based contribution programs. Please feel free to add any information required by the specific program/region/local area (e.g. participant information).

What is the purpose of this form?

The Proposal Assessment, Recommendation and Approval form is designed to guide you through these critical steps in the program delivery and to assist with documentation of these steps.

How to use this form?

1. Assessment

This portion of the form contains a series of questions designed to assess proposed activities, timelines and capacity of the applicant to carry out the project. Questions are based on the requirements identified in the Treasury Board Policy on Transfer Payments. Assessment notes and comments must be included with this form. These can be typed under each question in the Word format of this form or attached to the file. This section should be completed and signed by the Program Officer responsible for reviewing the application/proposal.

2. Recommendation

This section must be completed by the Program Officer if the proposal is recommended for funding by HRDC. It is designed to document the reasons for recommending funding including any information that is required under the specific program to support the recommendation. It should be completed using brief narrative paragraphs or bullets. Please type directly under each heading. It must be verified and approved by those individuals who have the authority to do so, under the Delegation of Authority for the program/region.

3. Approval

This section should be signed by the individual(s) who have delegated signing authority to approve projects under the specific program. This may include the Minister.



PROPOSAL ASSESSMENT, RECOMMENDATION and APPROVAL

Program Area	Program Option
Applicant Name	
Contact Person(s):	
Area Code/Telephone No. () -	Area Code/Fax No. () -
E-mail Address	
Approval Type (check one) <input type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> Ministerial	

Client Group(s) (If applicable)

Youth at Risk Youth in General Student Persons with Disabilities Visible Minorities
 Women Aboriginal
 Other client group (specify) _____
 Number of participants/beneficiaries in project (if applicable) _____

ASSESSMENT CRITERIA	YES	NO	N/A	NEED FOLLOW-UP
THE APPLICANT				
1. Is the applicant eligible for funding in accordance with the terms and conditions of the program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. (a) Has there been previous HRDC agreements with this applicant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) If so, have they produced successful results?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ASSESSMENT CRITERIA	YES	NO	N/A	NEED FOLLOW-UP
3. Have the applicant's previous agreements with other organizations produced successful results?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the applicant have the experience and expertise to carry out the proposed activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the applicant have an overpayment with HRDC?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Has the applicant completed the declaration section regarding amounts owing in default to the Government of Canada that is part of the application for funding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is there a potential employer/employee relationship between the sponsor and HRDC?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
THE PROPOSAL				
8. Does the application/proposal meet the program terms and conditions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the proposal outline the means by which the applicant will verify participant eligibility (if applicable)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ASSESSMENT CRITERIA	YES	NO	N/A	NEED FOLLOW-UP
10. Does the proposal address identified needs within the community?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Are the proposed activities consistent with national/regional/local priorities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Have objectives and outcomes been clearly defined, with scheduled time frames?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Does the proposal have an implementation plan that includes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(a) a description of results to be achieved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) an outline of project activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) timelines for each activity or objective?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ASSESSMENT CRITERIA	YES	NO	N/A	NEED FOLLOW-UP
14. Are proposal objectives realistic given the plans outlined?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Is there an adequate facility to accommodate the project?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Is this project an appropriate use of contribution funds? (i.e. contribution rather than service agreement; actual costs rather than fee for service)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Does the project create the impression that the service is directly provided by federal employees of HRDC?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Is there a description of the applicant's staffing requirements, human resource practices (hiring, evaluation etc.) and administrative procedures to be used in the management of this project?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Does the proposal avoid any appearance or reality of unfair competition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ASSESSMENT CRITERIA	YES	NO	N/A	NEED FOLLOW-UP
THE BUDGET				
20. Do budgeted costs relate specifically to the project activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Do the budgeted costs fall within program guidelines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Are project costs reasonable and reflect "fair market value"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Are the cost categories detailed, including the overhead costs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Is there adequate rationale for capital purchases?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Does the applicant have adequate bookkeeping and financial controls in place to track project expenditures, including third party contributions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Does the project provide value for money, i.e. economy, efficiency and effectiveness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ASSESSMENT CRITERIA	YES	NO	N/A	NEED FOLLOW-UP
ENVIRONMENTAL ASSESSMENT				
27. Has an Environmental Assessment Pre-screening document been completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Has an Environmental Assessment been completed, if applicable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PARTNERSHIPS & CONSULTATION				
29. (a) Has the applicant sought funding from other sources?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Has the applicant obtained funding from other sources?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. If applicable, is there a letter on file from each partner confirming their commitment (monetary, in-kind donations, etc.) and the extent of their involvement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. If applicable, is there evidence of MP support for the proposal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. If applicable, is there evidence of community support for the proposal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ASSESSMENT CRITERIA	YES	NO	N/A	NEED FOLLOW-UP
33. If applicable, has union concurrence been received in writing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Has there been consultation with internal and external partners (e.g. MP, review boards, other HRDC areas, provincial and/or other partners) Please provide details:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EVALUATION				
35. Does the proposal outline the means by which progress will be assessed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. (a) Does the proposal include performance measurement indicators?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Does the proposal describe an evaluation method for these indicators?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes

Recommendation

Executive Summary of the Proposed Project

Total Budget:\$ _____

Amount requested from HRDC:
(as it appears on the original application/proposal) \$ _____

Total funding from other sources:\$ _____

(Please list each source, the respective amounts and state whether monetary or in-kind)

Amount recommended by HRDC: \$ _____

(Provide brief explanation if the amount recommended is different from request, and a summary breakdown of revised amounts for salaries, overhead, client needs and capital construction/purchase costs)

Please provide a brief executive summary of the proposed project that addresses the following items:

Objectives

Beneficiaries

File No.

Resp. RC No.

Activities

Expected Results

Project Duration

Applicant's mandate, background and history with HRDC

Recommendation Rationale

Please indicate the reasons for recommending the proposal

How does the project address program objectives and priorities?

Capacity and expertise of applicant to achieve expected results

Consultation in support of the recommendation

Applicability to HRDC/HRCC business plan

Other information required by this specific program in support of the recommendation

Conditions for approval (e.g. environmental assessment, confirmation of other funding)

File No. _____

Resp. RC No. _____

Comments:

Recommended by:

Name: _____ Title: _____

Signature: _____ Date: _____

Y M D

Reviewed by:

Name: _____ Title: _____

Signature: _____ Date: _____

Y M D

Name: _____ Title: _____

Signature: _____ Date: _____

Y M D

Approval

Amount of funding approved by HRDC: \$ _____

Approved by: _____ Title: _____

(Minister or delegated authority)

Signature: _____ Date: _____

Y M D