

Social Development Partnerships Program

***Required Forms and
Format for Proposals***

June 2004

CALL FOR PROPOSALS:

***Canada Voluntary Sector
Awareness Initiative (CVSAI)***

Voluntary Sector Affairs Division

This document, “Required Forms and Format for Proposal”, is one of two documents included in this Call for Proposals. Please ensure you read the second document, “Applicant Information Guide” prior to developing your proposal.

Required Forms and Format for Proposal

	Form to be completed
Part A: Mandatory Criteria	√
Part B: Application for Funding	√
Part C: Executive Summary	√
Part D: Description of Proposed Project	√
Part E: Work plan	√
Part F: Knowledge Dissemination and Evaluation Plan	√
Part G: Capacity to Complete the Project	√
Part H: Budget	√
Part I: Supporting Documentation	N/A

Note: Where an applicant believes it is necessary to deviate from using the forms and or formats provided in this document, consultation with Voluntary Sector Affairs Division (VSAD) staff (by e-mail, as noted in the guide document) should take place prior to submission of the proposal.

The Department of Social Development collects the information in this proposal for the purposes of program administration. The information provided will be administered under the provisions of the *Access to Information Act*. The information will be placed in Program Record Number HRDC HRI 293. Instructions for making requests pursuant to the *Access to Information Act* are located in Info. Source publications that are located in federal government offices, including the Department of Social Development or on the internet at: <http://www.hrdc-drhc.gc.ca/menu/pub.shtml>. All personal information provided in an applicant's proposal for a contribution is protected under the provisions of the federal *Privacy Act*. Organizations successful in the competition should be aware that the data on the number of staff, the objectives and activities of the organization and financial data are not protected under the *Privacy Act* and might be made accessible to anyone who would request them through the *Access to Information Act*.

Part A	Part B	Part C	Part D	Part E	Part F	Part G	Part H	Part I
--------	--------	--------	--------	--------	--------	--------	--------	--------

PART A: MANDATORY CRITERIA

Note: These three mandatory requirements must be met to be eligible to apply for and or receive funding. If your organization does not meet these mandatory requirements, your proposal cannot be considered further. Please review these mandatory requirements very carefully before deciding to put in the time and effort to prepare a proposal.

1. Is your organization a legally incorporated not-for-profit organization?

Yes or No

2. Are the activities of your organization related to social development?

Yes or No

Please attach evidence of your organization's mandate, such as a copy of your official mission statement, the letters patent or corporate charter.

3. Does your organization have to capacity to deliver a national communications campaign?

Yes or No

Please attach evidence such as a description of your organization's capacity to deliver a national communication campaign.

Part A	Part B	Part C	Part D	Part E	Part F	Part G	Part H	Part I
---------------	--------	--------	--------	--------	--------	--------	--------	--------

4. Certification: Our organization meets the mandatory requirements.

Signed by (please print): _____
Name, Title and Date

Signed by (please sign): _____
Name, Title and Date

Note: Must be signed by individual(s) authorized to legally bind the organization.

Part A	Part B	Part C	Part D	Part E	Part F	Part G	Part H	Part I
--------	---------------	--------	--------	--------	--------	--------	--------	--------

PART B: APPLICATION FOR FUNDING

Section 1: Overview					
1. Program under which you are applying: VSAD				Official Use Only File number:	
2. Name of Proposed Project:					
3. Amount of Funding Requested, by Fiscal Year:					
Fiscal Year	Costs to be paid or contributed by the Applicant and any other funding partners		Costs to be funded by SD	Total Cost	
	In-Kind	Cash			
2004/2005	\$	\$	\$	\$	
2005/2006	\$	\$	\$	\$	
4. Duration of Proposed Project		Y	M	D	T O
		Y	M	D	
		F r o m			

Section 2: Application Information			
1. Name of Organization:			
2. Legal Name of Organization (if different):			
3. Mailing Address:		4. City/Town:	5. Province:
6. Postal Code:	7. Telephone Number:	8. Fax Number:	
9. E-mail Address:			
10. Location of Activity:			
11. Name and Title of Contact Person regarding this application (if different from above):		12. Telephone Number (if different): E-mail (if different):	
13. Name and Title of proposed Project Manager regarding this application (if different from above):		14. Telephone Number (if different): E-mail (if different):	
15. Language of Correspondence: <input type="checkbox"/> English <input type="checkbox"/> French	16. Revenue Canada GST/HST Number:	17. GST/HST Rebate (%):	
18. Business Registration Number:		19. Incorporation Number:	

20. Nature of organization:

- Private
 Public
 Not-for-Profit

21. Incorporated organization:

- Yes No

Section 3: Legal Signatures

1. Signing Officers for Contract Purposes (According to Letters Patents or other Incorporating Documents)

(Please provide title, name and specimen signature of the person(s) authorized to sign)

Title	Name	Specimen Signature

How many of the above signatures (according to your letters patent or other incorporating documents) are required to bind your organization into a legal agreement? _____

What combination of signatures (according to your letters patent or other incorporating documents) are required to bind your organization into a legal agreement? _____

Are there any thresholds or limitations on the authority of these signatures? If yes, please explain:

2. Legal Signing Officers for Cheque Purposes

(Please provide title, name and specimen signature of the person(s) authorized to sign)

Title	Name	Specimen Signature

How many signatures are required to sign a cheque on behalf of your organization? _____

What combination of signatures is required to sign a cheque on behalf of your organization? _____

Are there any thresholds or limitations on the authority of these signatures? If yes, please explain:

3. Legal Signing Officers for Financial or other Reports submitted to the Department of Social Development Canada (SDC)

(Please provide name, title and specimen signature of the person(s) authorized to sign)

Title	Name	Specimen Signature

How many signatures are required to sign a cash flow claim or other report submitted to SDC? _____

What combination of signatures is required to sign a cash flow claim or other report submitted to SDC? _____

Are there any thresholds or limitations on the authority of these signatures?
If yes, please explain:

Section 4: Accounting Practices	
<p>1. Are your financial and accounting records maintained: ___ Internally or ___ Externally?</p>	
<p>Name of Contact Person (internal or external):</p>	<p>Telephone number (and area code) of contact person:</p>
<p>Name of accounting firm (if applicable):</p> <p>Address:</p> <p>Phone number:</p> <p>Fax number:</p>	
<p>2. How are your financial records maintained? ___ Manually or ___ Computerised</p> <p>If computerised, please indicate name of software package:</p>	
<p>3. Will a separate bank account be kept for any agreement negotiated as a result of this proposal? ___ Yes or ___ No</p>	<p>4. Organization Fiscal Year End (if applicable): Year- <i>Month-Day</i></p>

Section 5: Amounts owing in default to the Government of Canada

Note: Completion of this declaration is required only if the amount of funding requested from SDC is \$25,000 or more. Are you applying for an amount in excess of \$25,000? Yes or No

The information you provide below is collected in accordance with the Treasury Board Policy on Transfer Payments (pursuant to section 7 of the Financial Administration Act).

While the completion of this section is optional, failure to do so may result in denial of funding.

Do you, the applicant, owe any amounts that are in default to the Government of Canada under legislation or contribution agreements? Yes or No

If yes, please complete the following chart:

Amounts in default owing	Nature of the amount in default owed (taxes, penalties, overpayments)	Name of government department or agency to which the amount in default is owed

Section 6: Signatures and Certification

I/We certify that I/WE have read and understood the information above, and the “Information Guide for Applicants”.

I/We declare that the information in this proposal is accurate.

I/We declare that in Part 4 above, I/We have provided Canada with a true and accurate list of all amounts owing to the federal government which are past due and in arrears as of the time of this application to Canada for funding. I/We recognise that the amounts payable to Canada under any future agreement may be deducted from, or set-off against, any such amount owing to the Government of Canada.

I/We authorize:

- (a) the Minister to disclose all information contained in this application concerning an amount in default owing to a government institution listed above to the institution concerned for the purpose of verifying the amount and status of debt; and,
- (b) the government institution concerned to disclose to the Minister all particulars and information relevant to the debt solely for the purposes of the administration of my/our application for funding in connection with my/our declaration.

Applicant Name (please print)	Position
Signature	Date
Applicant Name (please print)	Position
Signature	Date

Part A	Part B	Part C	Part D	Part E	Part F	Part G	Part H	Part I
--------	--------	---------------	--------	--------	--------	--------	--------	--------

PART C: EXECUTIVE SUMMARY

Executive Summary of Proposed Project (Recommended length 1 page. Ensure the description includes objectives and intended results.):

Part A	Part B	Part C	Part D	Part E	Part F	Part G	Part H	Part I
--------	--------	--------	---------------	--------	--------	--------	--------	--------

PART D: DESCRIPTION OF PROPOSED PROJECT
(Recommended length 4 pages)

Please use the following headings to develop this section of your proposal. Ensure that you refer to the accompanying “Information Guide to Applicants” for further guidance before completing.

- 1. Overview of Current Knowledge**
- 2. Definition of the Issue Addressed**
- 3. Objectives**
- 4. Methodology**
- 5. Social Impact of the Project**
- 6. References**

Part A	Part B	Part C	Part D	Part E	Part F	Part G	Part H	Part I
--------	--------	--------	--------	---------------	--------	--------	--------	--------

PART E: WORK PLAN
(Recommended length 4 pages)

Please use the following headings to develop this section of your proposal. Ensure that you refer to the accompanying “Information Guide to Applicants” for further guidance before completing.

1. Work plan (including timelines)

Part A	Part B	Part C	Part D	Part E	Part F	Part G	Part H	Part I
--------	--------	--------	--------	--------	---------------	--------	--------	--------

PART F: KNOWLEDGE DISSEMINATION AND EVALUATION PLAN
(Recommended length 4 pages)

Please use the following headings to develop this section of your proposal. Ensure that you refer to the accompanying “Information Guide to Applicants” for further guidance before completing.

1. Dissemination Strategy

2. Performance Measurement

Part A	Part B	Part C	Part D	Part E	Part F	Part G	Part H	Part I
--------	--------	--------	--------	--------	--------	---------------	--------	--------

**PART G: CAPACITY TO COMPLETE THE PROJECT
(Recommended length 2 pages)**

Please use the following headings to develop this section of your proposal. Ensure that you refer to the accompanying “Information Guide to Applicants” for further guidance before completing.

- 1. Subject Matter Experience/Expertise**
- 2. Project Delivery and Management Experience**
- 3. Financial Administration or Management Experience/Expertise**
- 4. Partner Involvement**

Part A	Part B	Part C	Part D	Part E	Part F	Part G	Part H	Part I
--------	--------	--------	--------	--------	--------	--------	---------------	--------

PART H: BUDGET

(Recommend 1 template per Fiscal Year for “Budget templates”, plus additional maximum of 2 pages for “Budget Information”)

There are two sections to the Budget portion of your proposal, the budget template, plus the Budget Information section, which is described on the following page.

Please set up the budget template using a format similar to the table below. Ensure that you refer to the accompanying “Information Guide to Applicants” for further guidance before completing.

PART F: BUDGET TEMPLATE				
(Please complete one sheet for each fiscal year)				
Name of organization:				
Budget for Fiscal Period: November 2004 – March 31, 2005				
<i>Item</i>	<i>Costs to be paid or contributed by the Applicant and any other funding partners</i>		<i>Costs to be funded by VSADI</i>	<i>Total Cost</i>
	<i>In-Kind</i>	<i>Cash</i>		
A. Wages and Benefits				
Project Staff/salaries	\$	\$	\$	\$
Benefits (Mandatory Employment Related Costs)	\$	\$	\$	\$
<i>Total Wages and Benefits</i>	\$	\$	\$	\$
B. Project Activity Costs				
Professional Fees	\$	\$	\$	\$
Travel and accommodation	\$	\$	\$	\$
<i>Total Project Activity Costs</i>	\$	\$	\$	\$

C. General Project Costs				
Materials and supplies	\$	\$	\$	\$
Printing and Communication	\$	\$	\$	\$
Utilities	\$	\$	\$	\$
Equipment rental/lease and maintenance	\$	\$	\$	\$
Other (Please describe)	\$	\$	\$	\$
<i>Total General Project Costs</i>	\$	\$	\$	\$
D. Total Project Cost (A+B+C)	\$	\$	\$	\$
<p>Has this budget been authorized by your Board of Directors¹?</p> <p>____ Yes or ____ No</p> <p>If no, please explain:</p>				

¹ Please note it is assumed that the authorization is made on the understanding that any funding awarded under this Call For Proposals will not commence until July 2004.

PART F: BUDGET TEMPLATE				
(Please complete one sheet for each fiscal year)				
Name of organization:				
Budget for Fiscal Period: April 2005 – March 31, 2006				
<i>Item</i>	<i>Costs to be paid or contributed by the Applicant and any other funding partners</i>		<i>Costs to be funded by VSAD</i>	<i>Total Cost</i>
	<i>In-Kind</i>	<i>Cash</i>		
A. Wages and Benefits				
Project Staff/salaries	\$	\$	\$	\$
Benefits (Mandatory Employment Related Costs)	\$	\$	\$	\$
<i>Total Wages and Benefits</i>	\$	\$	\$	\$
B. Project Activity Costs				
Professional Fees	\$	\$	\$	\$
Travel and accommodation	\$	\$	\$	\$
<i>Total Project Activity Costs</i>	\$	\$	\$	\$

C. General Project Costs				
Materials and supplies	\$	\$	\$	\$
Printing and Communication	\$	\$	\$	\$
Utilities	\$	\$	\$	\$
Equipment rental/lease and maintenance	\$	\$	\$	\$
Other (Please describe)	\$	\$	\$	\$
<i>Total General Project Costs</i>	\$	\$	\$	\$
D. Total Project Cost (A+B+C)	\$	\$	\$	\$
<p>Has this budget been authorized by your Board of Directors?</p> <p>____ Yes or ____ No</p> <p>If no, please explain:</p>				

Part A	Part B	Part C	Part D	Part E	Part F	Part G	Part H	Part I
--------	--------	--------	--------	--------	--------	--------	---------------	--------

PART H: BUDGET INFORMATION

(Recommend 1 page per Fiscal Year for “Budget templates”, plus additional maximum of 2 pages for “Budget Information”)

“Budget Information”: Please use the following headings (**bolded**) to develop this section of your proposal. Ensure that you refer to the accompanying “Information Guide to Applicants” for further guidance before completing.

1. Revenues

Please explain whether you anticipate receiving any revenues as a result of your proposed project. If yes, please explain nature of these revenues, and how much you expect to receive. Please note that these amounts will be deducted from the amount funded by the Department of Social Development. Please note that it is assumed that the project costs detailed in your Budget template(s) are total project costs that have not been adjusted for any expected revenues.

2. Allocation of Project Costs

Please indicate the total amount of project costs (estimated amount only) included in your Budget template(s), by fiscal year, that have been allocated to the Dissemination Strategy and to Performance Measurement and or Evaluation.

3. Calculation of Costs: “Wages and Benefits”

Please explain how you calculated each amount in your budget(s). The cost related to wages must be broken out on the basis of an hourly rate. Also, please clearly indicate which costs represent “in-kind” contributions.

4. Calculation of Costs: “Project Activity Costs”

Please explain how you calculated each amount in your budget(s). Also, please clearly indicate which costs represent “in-kind” contributions.

5. Calculation of Project Costs: “General Project Costs”

Please explain how you calculated each amount in your budget(s). Also, please clearly indicate which costs represent “in-kind” contributions.

Part A	Part B	Part C	Part D	Part E	Part F	Part G	Part H	Part I
--------	--------	--------	--------	--------	--------	--------	--------	---------------

PART I: SUPPORTING DOCUMENTATION

Please attach as Part I any supporting documentation requested which includes:

- information related to the Mandatory Criteria (Please refer to **Part A.**); and
- if you have never done business with the Department of Social Development Canada (formally HRDC) or if you have not undertaken any projects with the department in the last 5 years, please provide three letters of support with your application. (Please refer to **Part G:** Capacity to Complete the Project).