



APPLICATION FOR FUNDING

All applicants must complete this form

Section 1: Applicant Information

Program under which you are applying			
Name of Applicant			
Legal Name of Applicant (if different)			
Mailing Address		City/Town	Province
Postal Code	Area Code/Telephone Number () -	Area Code/Fax Number () -	
E-mail Address			
Location of Activity (if different from mailing address of applicant)			
Address		City/Town	Province
Postal Code			
Name and Title of Contact Person		Area Code/Telephone Number (if different) () -	Area Code/Fax Number (if different) () -
E-mail Address (if different)			Organization Established (Y/M/D)
Language Correspondence <input type="checkbox"/> English <input type="checkbox"/> French Service <input type="checkbox"/> English <input type="checkbox"/> French		Major Product or Service	
Organization Type (Please select the organization type that best describes your organization from Appendix A of this form and enter it here)			
Number of Employees (if applicable)		Business No. (Canada Customs and Revenue Agency)	
Incorporation No.		GST, HST or Rebate Number	Rebate %

Legal Signing Officers for Agreement Purposes
(According to Letters Patent or Other Incorporating Documents)

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? ▶ _____

Legal Signing Officers for Cheque Purposes
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 cheque on behalf of your organization? ▶ _____

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

Signing Officers for Payment Claims or other Reports submitted to HRSDC
(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 payment claim form or other report submitted to HRSDC? ▶ _____

What combination of signatures is required to sign a payment claim form or other report submitted to HRSDC? ▶ _____

Accounting Practices

Internal

External ▶ Telephone number (including area code) () - _____

Name of accounting firm _____ Name of contact person _____

Manual Computerized (indicate name of software package) ▶ _____

Is it a requirement for your organization to undergo:

an annual audit? an annual financial review? not applicable other (please specify)

If your organization undergoes an annual audit or financial review, when is this regularly performed and by who?

YYYY MM DD _____

When was the last audit your organization received due to an HRSDC project? YYYY MM DD _____	What was the file number and name of the project? _____
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Name of Bookkeeper _____	Area Code/Telephone Number () - _____	Organization Fiscal Year End (if applicable) YYYY MM DD _____
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Insurance Coverage

What accident insurance do you have for employees? (Check appropriate item)

N/A None Private Coverage (specify) ▶ _____

Do you have liability insurance?

Yes No If yes, please specify coverage ▶ _____

Workers' Compensation (If Registered)

Rate (per \$100) ▶ _____

Firm Number _____	Account Number _____
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If applicable, has union concurrence for proposed activities been obtained?

N/A Yes No

If yes, please attach written evidence of union concurrence.
If no, please explain:

Section 2: Proposal Description and Budget

Project Title																		
Duration of Activity		from	YYYY	MM	DD	to	YYYY	MM	DD	and	from	YYYY	MM	DD	to	YYYY	MM	DD
Total Number of Participants (if applicable)	Primary client groups to be served																	
	Women	Aboriginals	Persons with Disabilities	Members of Visible Minorities	Youth in General	Youth at Risk	Other (please specify)											

Proposal Description: Please attach the following information. Please also submit an electronic version of the proposal, if possible:

- Project objectives
- Proposed activities and timelines
- Description of the targeted participants or beneficiaries (if applicable)
- List all partner organizations, identify their roles and responsibilities, and financial contributions (monetary or in-kind).
- Please specify whether these contributions had been confirmed at the time of submission of this application.
- Expected results
- Means by which success will be measured
- Applicant's background, mandate and expertise
- Past projects with HRSDC and their achievements
- Environmental impact of proposed activities (if any)
- Budget Template form that has been provided by the department

Budget:

	HRSDC Contribution	Applicant/Other Contribution		Total Cost
		Cash	In-Kind	
Total Project Cost (1.A + 1.B + 1.C + 2)	\$	\$	\$	\$

Please provide the following information about the other funders of this project, if applicable.

Other Funders	Amount of Contribution
	\$
	\$
	\$
	\$
	\$

Section 3: Declaration - Amounts Owed in Default to the Government of Canada.

Note: Completion of this declaration is required only if the amount of funding requested from HRSDC is \$25,000 or more.

Instructions

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 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 4: Note to Applicants regarding lobbyists

Applicants are responsible for ensuring that any person lobbying on their behalf is registered with Industry Canada pursuant to the *Lobbyist Registration Act*. In addition, applicants who seek outside assistance to solicit, negotiate or obtain a contribution from the department may not use HRSDC contribution funds to pay a contingency fee for such assistance.

At the agreement stage, applicants requesting funding of \$25,000 or more will be asked to declare that the above requirements concerning lobbyist registration and contingency fees have been met.

Lobbyists may register online with Industry Canada (<http://strategis.ic.gc.ca>) free of charge. For further information, please contact (1-800-328-6189)

Information on this form is collected under the authority of the Employment Insurance Act, and is to be used for the administration of the employment benefit to which you have applied. The information collected may be shared with the Canada Revenue Agency and/or the Department of Justice for the purposes of administering the Income Tax Act and/or the Family Orders and Agreements Enforcement Assistance Act. The information will also be shared with Social Development Canada to administer the Employment Insurance Act. The information may also be used for policy analysis, research and/or evaluation purposes. In order to conduct these activities, information under the custody and control of Human Resources and Skills Development Canada may be linked. Your personal information is administered in accordance with the Employment Insurance Act and the Privacy Act. You have the right to the protection of, and access to, your personal information. It will be retained in Personal Information Bank(s) HRSDC PPU 293. Instructions for obtaining this information are outlined in the government publication, entitled Info Source, a copy of which is located at all Human Resources Centres. Info Source is also available at the following Web site address, <http://infosource.gc.ca>.

Section 5: Signature(s) (Required)

I/We certify that I/We have read and understood the information provided above.

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

I/We declare that 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 recognize that amounts payable to me/us under this Agreement may be deducted from, or set-off against, any such amounts 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
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Signature	Date YYYY MM DD
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Applicant Name (please print)	Position
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Signature	Date YYYY MM DD
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Official Use Only

Option	Responsible RC	Budget RC	Constituency	HRSDC Officer	Provincial Riding

NOC	SIC	Activity	Year of Operation	Special Interest Group	Organization Type			

NATIONAL SPARES				REGIONAL SPARES						HRSDC SPARES		
A	B	C	D	A	B	C	D	E	F	A	B	C

Application Reviewed and Decision made to:

Assess
 Reject
 Withdraw
 Signature ▶

Print Name	Date
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Appendix A Organization Types

Individuals

Individuals (excl. Aboriginals)
Individuals - First Nations and Inuit people
Individuals paid directly from HRDC
Students

Not-for-Profit Sector

Aboriginal not-for-profit groups
Associations of workers and/or of employers
International NGOs
Local community, charitable, voluntary org.
NGOs with a focus to encourage employment
National NGOs
Not-for-profit Band Councils
Provincial NGOs
Sector councils
Unions

Private Sector

Banks
Businesses, bodies incorporated or unincorporated
Indian Band corporations (profit basis)
International Sector
Private Band Councils
Private universities and colleges

Public Sector

Contributions to Prov./Terr.
International governmental organizations
Municipal governments and agencies
Provincial governments and agencies
Public Health
Public community colleges and vocational schools
Public degree-granting colleges
Public degree-granting universities
School Board/Other educ. inst. not elsewhere class
Territorial governments