

CANADIAN CULTURE ONLINE GENERAL APPLICATION FORM

INSTRUCTIONS

Please complete parts A, B and C and sign and date the form in part D for each project for which you are requesting support. Please ensure that all information requested in the guidelines of the fund from which you are requesting support is complete and included with this form.

Name of organization or institution in full Previous name of organization/institution ever applied to the Department of Canadian Heritage for funding? No	PART A – APPLICANT INFORMATION	
Has your organization/institution ever applied to the Department of Canadian Heritage for funding? Sector of Organization No Yes Please specify Sector of Organization Private Public Non-profit Scope of activities Local Municipal Provincial Territorial National LEGAL STATUS Incorporated? Yes Federal Provincial / Territorial Registration No. In Process? Part Pederal Provincial / Territorial Registration No. Please note that applicants to the Partnerships Fund must be incorporated by the application deadline. PART B - CONTACT INFORMATION Name of contact person Title of contact person Mailing Address (if different) Office Tel. No. Clifice Tel. No. Under the difficial language do you wish to computate 2. Web site address http://	Name of organization or institution in full	
Sector of Organization Private Public Non-profit Scope of activities Local Municipal Provincial Territorial National LEGAL STATUS Incorporated? Yes Date Applied In Process? Date Applied Please note that applicants to the Partnerships Fund must be incorporated by the application deadline. PART B - CONTACT INFORMATION Name of contact person Mr. Ms. Mrs. Miss Other Street Address Mailing Address (if different) Office Tel. No. Under the communicate? Web site address Intp://	Previous name of organization/institution (if applicable)	
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Office Tel. No. Office Fax. No. Electronic Mail Address Web site address http://	☐ Mr. ☐ Ms. ☐ Mrs. ☐ Miss ☐ Other ————	
Electronic Mail Address Web site address http://	Street Address	Mailing Address (if different)
Electronic Mail Address Web site address http://		
Electronic Mail Address Web site address http://		
Electronic Mail Address Web site address http://		
In which official language do you wish to communicate?	Office Tel. No.	Office Fax. No.
In which official language do you wish to communicate? Enalish French	Electronic Mail Address	



Aussi disponible en français

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PART C – PROJECT DESCRIPTION	
Under which component of the CCOP are you applying?	
Partnerships Fund	Electronic Copyright Fund
New Media Research Networks Fund	Gateway Fund
Project Title	
Brief Project Description	
Proposed Start Date	End Date
Total Cost of Project Activity	Total amount requested from the Department
Have you also applied to other federal programs for funding for this project?	
No Yes ▶ Please specify	
PART D – AFFIRMATION	
I AFFIRM THAT the information in this application is accurate and complete in all respects, and that the attached project proposal is fairly presented. I agree that if funding is provided, any change to the project will require prior approval of the Department. I agree to publicly acknowledge funding and assistance by the Department, in accordance with the terms of the funding agreement. I also agree that interim and final reports will be submitted as requested by the Department and, when required, financial accounting for audit and evaluation of the activity funded by the Department. I understand that the information provided in this application may be accessible under the <i>Access to Information Act</i> . I also agree to respect the spirit and intent of the various acts governing the programs of the Department of Canadian Heritage.	
XName of authorized signatory (please print)	XTitle
XSignature	XDate
OFFICE USE ONLY Date received	Program Officer



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