



## 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.

PART A – APPLICANT INFORMATION	
Name of organization or institution in full	
Previous name of organization/institution (if applicable)	
Has your organization/institution ever applied to the Department of Canadian Heritage for funding?  <input type="checkbox"/> No <input type="checkbox"/> Yes ➔ Please specify _____	
Sector of Organization ➔ <input type="checkbox"/> Private <input type="checkbox"/> Public <input type="checkbox"/> Non-profit	
Scope of activities ➔ <input type="checkbox"/> Local <input type="checkbox"/> Municipal <input type="checkbox"/> Provincial <input type="checkbox"/> Territorial <input type="checkbox"/> National	
LEGAL STATUS	
Incorporated? <input type="checkbox"/> Yes ➔ <input type="checkbox"/> Federal <input type="checkbox"/> Provincial / Territorial    Registration No. _____	
In Process? ➔ <input type="checkbox"/> Yes    ➔ 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  <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Other _____	Title of contact person
Street Address	Mailing Address (if different)
Office Tel. No.	Office Fax. No.
Electronic Mail Address	Web site address http://
In which official language do you wish to communicate? <input type="checkbox"/> English <input type="checkbox"/> French	





**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
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Total Cost of Project Activity \$ _____	Total amount requested from the Department \$ _____
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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 *Access to Information Act*. I also agree to respect the spirit and intent of the various acts governing the programs of the Department of Canadian Heritage.

X \_\_\_\_\_ X \_\_\_\_\_  
 Name of authorized signatory (please print) Title

X \_\_\_\_\_ X \_\_\_\_\_  
 Signature Date

OFFICE USE ONLY	Date received	Program Officer
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