



APPENDIX A-2 CANADIAN ARTS AND HERITAGE SUSTAINABILITY PROGRAM (CAHSP) CAPACITY BUILDING COMPONENT FOR HERITAGE

Application Form 2007-2008

OFFICE USE ONLY	DATE RECEI		PRC	OGRAM OFFICER →						
A. Applicant Identification (please print)										
Applicant Information										
Full Legal Name (as per incorporation documents)										
Usual Operating Name			Former Le	Former Legal Name (as per incorporation documents, if applicable)						
LEGAL STATUS										
Incorporated as a non-profit organization										
☐ Yes ☐ Federal			☐ In process							
□ No □ Provincial/Territorial			Date applied							
Corporate registration No										
Scope of organization's activities										
☐ Local	orial	rial National								
☐ Municipal		☐ International								
Applicant Address										
Street City				Province/Territory		Postal code		al code		
Mailing Address (if different)		1								
Street		City			Province/Territory		Postal code		P.O. Box	
Telephone No.	xt. Fax		E-mail			Web site				
()	()									
Contact Information										
Contact Person's Name			Title							
Mailing Address (if different than above)										
Street City					Province/Territory		code	P.O. Box		
Telephone No. ex	t. Cellular Te	elephone No.	Fax ()		E-mail					
Official Language of Choice										
In which official language do you wish to communicate? English French										

Applicant		
☐ History ☐	Library Archives	Municipal or regional governmentAgency of a provincial/territorial government
☐ Art ☐ ☐ Nature ☐ Other (specify) ☐	Historic Site National professional not-for-propertiage service organization Provincial/regional/territorial professional not-for-profit herita	rofit
	service organization	<u> </u>
B. Proposal Summary		
Project Title		
Brief Project Description (If your application is	s successful, this information m	ay be used on the Department's Web site.)
Project Focus		
Strategic or Business Planning		ications Plan/Strategy
☐ Governance☐ Human Resources		Management Plan Generation Strategy
☐ Market Study/Strategy		Development Plan
	Other (ple	ease specify)
Fiscal Year End of the Organization		
Project Start Date	Project l	End Date
Total Cost of the Project	Funding	Amount Requested
Project Manager	,	
Name	Phone	e number

C. Organizational Profile (Please limit your responses to a maximum of three (3) pages with a minimum font size of 12)
State your organization's vision statement and mandate.
2. Describe briefly your organization's history.
3. Describe your organizational structure (please attach as an appendix the list of board members and staff, with position titles as
well as the reporting structure). Describe the role of the board, board committees and staff.
4. Describe your organization's principal activities and programming (please attach as an appendix supporting documentation to illustrate your programming and outreach activities).
5. Describe the role your organization plays in the heritage and broader community.
6. If applicable, describe how your organization operates within, or provides service to, a community that the Department recognizes
as a priority, explaining the impact on operations and programming. The priority communities are:
Aboriginal Rural or remote
 Culturally diverse Official language minority

D. Project (Please limit our responses to no less than two (2) pages with a minimum font size of 12) 1. Project Description Provide a concise description of your proposed project. Clearly identify which one of the following program goals this project will address: Improve the organization's governance Improve the organization's management practices Strengthen the organization's financial self-sufficiency Develop new or diversified audiences 2. Goals and Objectives Explain why you need to undertake this project and describe how it will build your organization's capacity to plan, organize, finance or govern itself. 3. Resources Describe what human and management resources will be applied to your project. Identify the role, responsibilities or project-related tasks of each participant, including consultant(s) and staff (include a copy of the consultant's project proposal or terms of reference for the proposal). 4. Action plan Describe the action plan for your project. Provide a timeline that identifies all activities, immediate products or services (outputs) and key milestones. 5. Target Groups If applicable, describe how and to what extent your project will increase your organization's capacity to serve communities that the Department recognizes as a priority. The priority communities are: Aboriginal Rural or remote Culturally diverse Youth Official language minority

6. Expected Results Itemize all short- and long-term changes (<i>outcomes</i>) expected to result from your project (short term is defined as occurring during the project or immediately following the project activities).
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7. Project Evaluation
Describe your evaluation plan, including performance indicators, for measuring the success of your project. Specify the tools and methods that will be used to gather data to assess both outputs and outcomes.
8. Partnerships
If applicable, explain how your project serves other members of the heritage community or develops new partners for initiatives in, for example, shared administration or marketing.
E. Declaration
I affirm that the information in this application is accurate and complete, and the project proposal, including annexes, plans and budgets, are fairly presented. I agree that once funding is provided, any change to the project proposal will
require prior approval from 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 to submit a final report, and where
required, financial accounting for 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.
Authorized Signature
Authorized Signature Name and title (please print) Date