



# APPLICATION FORM

**Support for Innovation  
Promotion of Linguistic Duality Component  
Enhancement of Official Languages Program  
Official Languages Support Programs Branch**

# TABLE OF CONTENTS

**APPLICATION FORM ..... 1**

PART A - INFORMATION ABOUT THE ORGANIZATION ..... 2

PART B - INFORMATION ABOUT THE PROPOSED ACTIVITY(IES) ..... 8

PART C - SUPPORT ..... 9

PART D - CONDITIONS ..... 10

PART E - DECLARATION ..... 10

APPENDIX A..... 11

APPENDIX B..... 14

APPENDIX C..... 16

APPENDIX D..... 18

# **APPLICATION FORM**

## **Support for Innovation**

**Promotion of Linguistic Duality Component  
Enhancement of Official Languages Program  
Official Languages Support Programs Branch**

**APPLICATION FORM: Support for Innovation**

<b>PART A</b>	
<b>1. Organization's Official Name</b>	
<b>2. Former name</b> (if applicable)	
<b>3. Telephone</b>	
<b>4. Fax</b>	
<b>5. E-mail</b>	
<b>6. Web Site</b>	
<b>7. Mailing address</b>	
<b>8. Head Office Address</b> (If different from mailing address)	
<b>9. Contact person</b>	
<b>9a. Name</b>	
<b>9b. Language of communication</b>	French [ ]                      English [ ]
<b>9c. Telephone</b>	
<b>9d. Fax</b>	
<b>9e. Cellular</b>	
<b>9f. E-mail</b>	



**10. Organization's Governance**  
**10a. Members of the Board of Directors or Other**

Name and title	Elected    Yes [ ] No [ ]	Date elected	Year	Month	Day
	Appointed    Yes [ ] No [ ]	Date appointed			
			Year	Month	Day
	Member of executive    Yes [ ] No [ ]				
Address					
Telephone	Fax	E-mail			

Name and title	Elected    Yes [ ] No [ ]	Date elected	Year	Month	Day
	Appointed    Yes [ ] No [ ]	Date appointed			
			Year	Month	Day
	Member of executive    Yes [ ] No [ ]				
Address					
Telephone	Fax	E-mail			

Name and title	Elected    Yes [ ] No [ ]	Date elected	Year	Month	Day
	Appointed    Yes [ ] No [ ]	Date appointed			
			Year	Month	Day
	Member of executive    Yes [ ] No [ ]				
Address					
Telephone	Fax	E-mail			

Name and title	Elected    Yes [ ] No [ ]	Date elected	Year	Month	Day
	Appointed    Yes [ ] No [ ]	Date appointed			
			Year	Month	Day
	Member of executive    Yes [ ] No [ ]				
Address					
Telephone	Fax	E-mail			

PROTECTED when completed

<b>Name and title</b>	Elected    Yes [ ] No [ ]	Date elected			
			Year	Month	Day
	Appointed    Yes [ ] No [ ]	Date appointed			
			Year	Month	Day
	Member of executive    Yes [ ] No [ ]				
	Address				
<b>Telephone</b>	Fax	E-mail			

<b>Name and title</b>	Elected    Yes [ ] No [ ]	Date elected			
			Year	Month	Day
	Appointed    Yes [ ] No [ ]	Date appointed			
			Year	Month	Day
	Member of executive    Yes [ ] No [ ]				
	Address				
<b>Telephone</b>	Fax	E-mail			

<b>Name and title</b>	Elected    Yes [ ] No [ ]	Date elected			
			Year	Month	Day
	Appointed    Yes [ ] No [ ]	Date appointed			
			Year	Month	Day
	Member of executive    Yes [ ] No [ ]				
	Address				
<b>Telephone</b>	Fax	E-mail			

<b>Name and title</b>	Elected    Yes [ ] No [ ]	Date elected			
			Year	Month	Day
	Appointed    Yes [ ] No [ ]	Date appointed			
			Year	Month	Day
	Member of executive    Yes [ ] No [ ]				
	Address				
<b>Telephone</b>	Fax	E-mail			


PROTECTED when completed

Name and title	Elected    Yes [ ] No [ ]	Date elected			
			Year	Month	Day
	Appointed    Yes [ ] No [ ]	Date appointed			
			Year	Month	Day
	Member of executive    Yes [ ] No [ ]				
Address					
Telephone	Fax		E-mail		

Name and Title	Elected    Yes [ ] No [ ]	Date Elected			
			Year	Month	Day
	Appointed    Yes [ ] No [ ]	Date Appointed			
			Year	Month	Day
	Member of Executive    Yes [ ] No [ ]				
Address					
Telephone	Fax		E-mail		

Name and Title	Elected    Yes [ ] No [ ]	Date Elected			
			Year	Month	Day
	Appointed    Yes [ ] No [ ]	Date Appointed			
			Year	Month	Day
	Member of Executive    Yes [ ] No [ ]				
Address					
Telephone	Fax		E-mail		

Name and Title	Elected    Yes [ ] No [ ]	Date Elected			
			Year	Month	Day
	Appointed    Yes [ ] No [ ]	Date Appointed			
			Year	Month	Day
	Member of Executive    Yes [ ] No [ ]				
Address					
Telephone	Fax		E-mail		

 11. **Attach the minutes** of the last Annual General Meeting

<b>12. Organization's Mandate</b> (as per the Constitution and By-laws)

<b>12a. Main Geographical Scope</b> (as per the Constitution and By-laws)			
<input type="checkbox"/> International	<input type="checkbox"/> National	<input type="checkbox"/> Interprovincial/Interterritorial	
<input type="checkbox"/> Provincial/Territorial	<input type="checkbox"/> Regional	<input type="checkbox"/> Municipal	<input type="checkbox"/> Local

<b>13. Status</b>			
<input type="checkbox"/>	Unincorporated		
<input type="checkbox"/>	In the process of incorporation	Date of application	
			Year
			Month
		Day	
Attach a copy of application to incorporate			
<input type="checkbox"/>	Federal Registration N°	<input type="checkbox"/> Provincial/Territorial Registration N°	
<b>13a. Date of incorporation</b>			
		Year	Month
		Day	

<b>13b. The Certificate of Incorporation</b> has been submitted to Canadian Heritage If not, attach a copy of the Certificate of Incorporation	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>13c. Changes have been made to the Certificate of Incorporation</b> since it was submitted to Canadian Heritage If so, attach a copy of the Certificate of Incorporation	Yes <input type="checkbox"/> No <input type="checkbox"/>



<b>13d. The Constitution and By-laws</b> have been submitted to Canadian Heritage	Yes [ ]    No [ ]
If not, attach the organization's Constitution and By-laws	
<b>13e. The Constitution and By-laws</b> were amended during the last fiscal year	Yes [ ]    No [ ]
If so, attach the new Constitution and By-laws approved by the organization	

<b>13f. Charitable organization</b>		Yes [ ]	No [ ]
If so, enter the Canada Customs and Revenue Agency registration number	Registration N°		
Date of registration			
	Year	Month	Day
In the process of registering                      Yes [ ]    No [ ]			
Date of application			
	Year	Month	Day

**14. Documentation on activities**

**14a. Attach the following documents:**

Signed financial statement/audited financial statement for the last fiscal year

Updated operational budget for the current fiscal year

**14b. Note:** The applicant must provide any further information required by the program (see call letter).

<b>15. Affiliations</b> with other organizations	Yes [ ]    No [ ]
If so, which ones?	

**16. Financial information**

16a. Date of fiscal year	From				To		
		Month	Day			Month	Day

**PART B -**

17. Title

17a. Duration	From				To			
		Year	Month	Day		Year	Month	Day

18. Description - Summary (one page)


	April 1	Year	T o	March 31	Year	April 1	Year	T o	March 31	Year	TOTAL
18a. Expenses	\$					\$					\$
18b. Amount requested from Canadian Heritage	\$					\$					\$

18c. Complete and attach APPENDIX A.



**PART C - SUPPORT**

**19. Financial or other support and sources**

 Attach appropriate documentation (letters confirming the nature/amount of support)

Person's name and title	Organization	Telephone	Description of support

**PART D - CONDITIONS**

The assistance provided by the Department can be used only for the purposes described in this application. Once the Department has agreed to grant financial assistance, no major change can be made to the project without Departmental approval; in each case, the Department will determine what constitutes a major change. Funds not expended for these purposes shall be returned to the Department.

The organization bears full responsibility for its debts. The Department will not consider any request for assistance in settling debts.

The organization must agree to comply with all provincial/territorial and federal legislation.

The Department's financial contribution shall be explicitly acknowledged. This assistance must be mentioned in publications funded by the Department. A typical form of acknowledgement is: *"We acknowledge the financial support of the Department of Canadian Heritage"*.

The organization agrees to comply with the spirit and, where applicable, the letter of the *Canadian Human Rights Act*, R.S. 1985, c. H-6 and the *Official Languages Act*, R.S. 1985, ch. 31, 4<sup>th</sup> suppl.

In the event of receipt of an access to information request concerning this application for financial assistance or any other information concerning the organization that is in the Department's possession, the organization will be consulted before confidential information is disclosed. The *Access to Information Act*, R.S. 1985, c. A-1, provides a possible exemption from disclosure of personal information covered by the *Privacy Act*, R.S. 1985, c. P-21 and confidential information of a financial or commercial nature.

The "PROTECTED (when completed)" designation means that the information concerned is subject to increased protection. When financial assistance is approved, the amount of this assistance, the purpose for which it is granted and the name of the recipient organization can be made known to the public.

**PART E**

I declare that

- the information contained in this application is accurate and complete;
- this application is made on behalf and with the approval of the organization whose name appears on page one;
- this organization undertakes, if financial assistance is granted, to provide financial statements and reports on results pursuant to the requirements of the Department of Canadian Heritage;
- this organization commits, if financial assistance is granted, to agree to the assessment of the funded activity(ies) pursuant to the requirements of the Department of Canadian Heritage.

**20. Name(s) of person(s) authorized to sign**



Attach authorization

Signature		Title	
Signature		Title	
Date			

**APPENDIX A**

**TEMPLATE FOR FUNDING APPLICATIONS**

To be completed:

**Table 1 - Description**

**Table 2 - Revenues and Expenses**

*Please refer to the Guide*

**APPENDIX A: TABLE 1, DESCRIPTION**

<b>Organization's name:</b>	<b>Title:</b>	<b>From</b>				<b>To</b>			
			Year	Month	Day		Year	Month	Day

<b>Situation</b>	
------------------	--

<b>Desired outcomes (3 to 5 years)</b>	
--	--

<b>Links with the Official Languages Support Programs Results-Based Management and Accountability Framework</b>	
---	--

<b>Links with the Promotion of Linguistic Duality component objectives</b>	
--	--

<b>Results achieved to date</b>	
---------------------------------	--

Targeted Direct Results	Performance Indicators	Activities (in order of priority)	Schedule	Resources required

*Please refer to the Guide*

APPENDIX A: TABLE 2, REVENUES AND EXPENSES

Organization's name:	Title:	From				To			
			Year	Month	Day		Year	Month	Day

EXPENSES		SOURCES OF REVENUE						
Expense Categories	Required Financial Resources	Amount Requested from Canadian Heritage	Other (describe)			Organization's Financial Contribution	In-Kind	TOTAL
			Source 1	Source 2	Source 3			
Salaries								
Honoraria								
Travel								
Publicity								
Operational costs								
Other (describe)								
In-kind								
<b>TOTAL</b>	\$	\$	\$	\$	\$	\$	\$	\$

**APPENDIX B**

**REFERENCE: T.B. 806325**

**Conflict of Interest**



**REFERENCE: T.B. 806325 - Conflict of Interest**

To enhance public confidence in the integrity of public office holders and the public service, the government has issued the Conflict of Interest and Post Employment Code for Public Office Holders. In order to ensure that safeguards are in place to prevent conflict of interest by former public office holders, applicants for contributions shall provide answers to the contributor on the following questions:

Do you presently employ, in your organization, a former public office holder who left the federal government in the last twelve months and who was at an SM (senior manager) level or above while in public office?

Yes [ ] No [ ]

**If you have answered yes to this question, would you please ask that the employee contact his/her former department to obtain written confirmation that he/she is in compliance with the post-employment provisions of the Conflict of Interest and Post-Employment Code. Such confirmation must be provided to the contributor.**

<b>Organization</b>	
<b>Signature</b>	
<b>Name in Print</b>	
<b>Title</b>	
<b>Date</b>	

## **APPENDIX C**

### **CHECKLIST**

**CHECKLIST**

<b>TO BE FILLED OUT BY THE APPLICANT</b>	
<b>Check off documents attached to this application by the organization</b>	
	Minutes of the last Annual General Meeting
	Copy of the Application to Incorporate (if applicable)
	Copy of the Certificate of Incorporation (if applicable)
	Constitution and By-laws of the organization (if applicable)
	Signed financial statement/audited financial statement for the last fiscal year
	Updated operational budget for the current fiscal year
	Additional information required by the program (see call letter)
	Documentation related to financial assistance and other support
	Authorization to sign for the organization
	APPENDIX A: Template for funding applications (Tables 1 and 2)
	APPENDIX B: Reference T.B. 806325 - Conflict of Interest
	APPENDIX C: Checklist

<b>TO BE FILLED OUT BY THE DEPARTMENT OF CANADIAN HERITAGE</b>	
<b>Check off documents received by Canadian Heritage</b>	
	Minutes of the last Annual General Meeting
	Copy of the Application to Incorporate (if applicable)
	Copy of the Certificate of Incorporation (if applicable)
	Constitution and By-laws of the organization (if applicable)
	Signed financial statement/audited financial statement for the last fiscal year
	Updated operational budget for the current fiscal year
	Additional information required by the program (see call letter)
	Documentation related to financial assistance and other support
	Authorization to sign for the organization
	APPENDIX A: Template for funding applications (Tables 1 and 2)
	APPENDIX B: Reference T.B. 806325 - Conflict of Interest
	APPENDIX C: Checklist

**APPENDIX D**

**REPORT ON RESULTS**

PROTECTED when completed

**REPORT ON RESULTS**

<b>Organization's name:</b>	<b>Title:</b>							
<b>Name of Contact Person:</b>	<b>Telephone:</b>							
<b>Duration of Activity(ies):</b>	<b>From</b>				<b>To</b>			
		Year	Month	Day		Year	Month	Day

Activity Component	Targeted Direct Results	Performance Indicators	Summary of Activities Achieved	Data Sources and Collection Method	Assessment of Results Achieved

<b>Signature</b>	
<b>Title</b>	
<b>Date</b>	