

CANADIAN CULTURE ONLINE GENERAL APPLICATION FORM

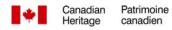
INSTRUCTIONS

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?	
No Yes Please specify	
Sector of Organization Private Public Non-profit	
Scope of activities	Provincial Territorial National
LEGAL STATUS	
Incorporated?	
In Process? 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	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?	Enalish French
7540-CH-002-0950	



Aussi disponible en français



PART C – PROJECT DESCRIPTION		
Under which component of the CCOP are you applying?		
Partnerships Fund	New Media R&D Initiative	
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	
Subscription for the second seco	\$	
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.		
х	X	
Name of authorized signatory (please print)	Title	
x	x	
Signature	Date	
OFFICE USE ONLY Date received	Program Officer	
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