



APPLICATION FORM WOMEN'S COMMUNITY FUND 2007-2008

PROTECTED when completed

SECTION A – INFORMATION ABOUT YOUR ORGANIZATION

1) Incorporated name of organization and other name if different:		
2) Former name of organization (if applicable):		
3) In which official language do you wish to be served? English <input type="checkbox"/> French <input type="checkbox"/>		
4) Organization type: Not-for-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/>		
5) Federal or provincial incorporation number: Federal No. Provincial No.		
6) Scope of your organization (check only one)		
<input type="checkbox"/> Municipal	<input type="checkbox"/> Regional	
<input type="checkbox"/> Provincial/Territorial	<input type="checkbox"/> Inter-provincial/inter-territorial	
<input type="checkbox"/> National	<input type="checkbox"/> International	
7) Year organization founded:		
8) Organization registered with Revenue Canada as a registered charity: Yes <input type="checkbox"/> Number No <input type="checkbox"/>		
9) Does your organization have any outstanding debts to the Government of Canada? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, indicate the amount owing and to what department/program:		
10) Previous funding from Women's Program? Yes <input type="checkbox"/> No <input type="checkbox"/>		

SECTION B – PROJECT INFORMATION

11) Project title:		
12) Brief description of project (maximum of ten lines) :		
13) Project duration:		
Start date: YYYY-MM-DD	End date: YYYY-MM-DD	Total number of months:
14) Total project cost:	Amount requested from the Women's Program:	

SECTION C – CONTACT INFORMATION

15) Name and title of person with legal signing authority (Chair, President of the Board of Directors or President of the Organization) : **Not a paid staff person.**

Ms. Mrs. Mr. Other (specify)

Name:

Title:

Telephone (day):

E-mail:

16) Name and title of person to be contacted for additional information about the application (if different from #15) :

Ms. Mrs. Mr. Other (specify)

Name:

Title:

Telephone (day):

E-mail:

17) Organization's contact information

Organization's **Street** Address:

Organization's **Mailing** Address (if different):

Telephone (day):

E-mail:

Fax:

Website:

18) Have you attached:

- Your organization's most recent annual report?
- Your organization's most recent financial statements?
- A list of Board members and addresses of the Board Chair and officers?

SECTION D – THE ORGANIZATION

We ask that you answer the following questions in the application form and not add supplementary information unless absolutely necessary.

19) Describe your organization's (maximum of two lines each):

a) mandate:

b) membership:

c) objectives:

d) main activities:

20) Describe how the elements identified in question 19 support the Women's Program objective and reflect the *Canadian Charter of Rights and Freedoms*. (maximum of ten lines)

21) Not-for-profit organizations: Describe the ways in which your organization functions democratically and demonstrates good governance. (maximum of five lines)

22) For-profit organizations: Describe the primary business and corporate structure. (maximum of five lines)

SECTION E – DETAILED PROJECT PROPOSAL

23) Please attach a proposal (**3 to 5 pages maximum, not including attachments**) providing the following mandatory answers to the following questions: (see attached glossary for definitions of key terms).

1. What is the issue to be addressed?
2. How have you identified a need for the issue to be addressed?
3. How will the project involve the women most affected by the issue in the development and implementation of the project?
4. What is the goal of this project?
5. What are the project's objectives?
6. What will be the concrete results of this project? (specify the **number of women** who will be **directly impacted** by your project and if applicable, the number of **secondary beneficiaries**, describe them in a **quantitative** and **qualitative** manner)
7. Why should SWC fund your project?

PLEASE NOTE: If the proposed project falls within the jurisdiction of other funding sources, including federal or other levels of government, provided the rationale for SWC assistance

24) Attach the Work Plan and Evaluation Plan using **Annex 1**.

SECTION F – BUDGET

25) You have identified funding partners:

- Yes You have attached a written commitment of the financial and non-financial contributions to the project.
- No

26) See Funding Guidelines and attached Description of Budget Categories for more detailed information concerning eligible budget categories and funding levels. **SWC generally provides funding to a maximum of 60% of the cost of any project. It does not provide funding to cover ongoing administration costs or core funding.**

You have:

- a) provided a detailed budget that is clearly linked to the project activities? **Use attached Budget only – Annex 2;**
- b) **for a multi-year project (more than 18 months)**, completed a budget for each year of the project as well as an overall budget for the entire project;
- c) included “in-kind” contributions from your organization and others for the project, valued at reasonable commercial market values;
- d) attached written proof of other financial contributions?

SECTION G – REFERENCES

27) Provide **two** references, who you are not affiliated with, that we can consult about this project and your organization: (see Application Guide for examples of appropriate references)

First reference

- a) name:
- b) title:
- c) organization:
- d) telephone number:

Second reference

- a) name:
- b) title:
- c) organization:
- d) telephone number:

SECTION H – DECLARATION & UNDERTAKING

I am the legal signing authority for this organization. I affirm that this application and the attached documents are accurate and complete. I agree that once funding is provided, any change to the proposal will require approval of Status of Women Canada. I agree to publicly acknowledge funding and assistance of the Department and that Status of Women Canada can make public relevant information relating to this funding application. I also agree to submit reporting as required by Status of Women Canada. I understand that, following the appropriate review process, the information provided in this application may be accessible under the *Access to Information Act*, and that this application can be shared with other potential funders for consultation purposes. I also agree to respect the spirit and intent of the *Official Languages Act* and other various acts governing the programs of Status of Women Canada.

Signature of legal signing authority	Date (YYYY-MM-DD)
Print name in block letters	Print title in block letters

LIST OF STATUS OF WOMEN CANADA REGIONAL OFFICES

West, Northwest Territories and Yukon

Status of Women Canada
Suite 1001, Highfield Place
10010 - 106 Street NW
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Toll free: 1-866-966-3640
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National and Ontario

Status of Women Canada
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Quebec and Nunavut

Status of Women Canada
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Atlantic

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