



**FEDERAL TOBACCO CONTROL STRATEGY
Tobacco Control Programme – Tobacco Products Regulatory Science Projects
Application for Contribution Funding Form**

A. Applicant Information - Please refer to the *Applicant Guide to Contribution Funding* for more information

Project Title	Anticipated Duration of Project (YYYY-MM-DD)	
	From:	To:
	Proposed Length of Project in months: _____	
Legal Name of Recipient Organization	Telephone Number () -	
Mailing Address	Fax Number () -	
City/Province:	Postal Code:	e-mail:
Location of Project Activities (if different from mailing address of Applicant)		
Name and Title of Contact Person	Telephone Number: () -	Fax Number: () -
E-mail:		
Name and Title of person completing this application, if different from Contact Person above: _____		
Telephone: _____ Fax: _____ Email: _____		
Language of Correspondence	Number of Employees in Organization: _____	
<input type="checkbox"/> English <input type="checkbox"/> French		
If required, has Provincial/Territorial government support been obtained for this project? Yes No If yes, please indicate provincial representative's name, date support was obtained and any comments (including nature of any support, if applicable). Name: Date: Comments:		
Date of incorporation/registration as a non-profit organization (if applicable): (YYYY-MM-DD) _____ Incorporation/registration number (if applicable): _____		

Organizational Finances

Who, on behalf of your organization, will be signing claim forms and forecast of cash flow forms?	
_____	Title: _____
Telephone: _____	Email: _____
Name of Financial Officer responsible for this project: _____	
Title: _____	Contact Information: _____
(Legal signing authority)	
Mailing Address (if different from Applicant address)	Fax Number (including area code) () -
City/Province:	Postal Code:
Email address:	Telephone number (including area code) () -

Insurance Coverage

What accident insurance do you have for employees?

N/A None Private Coverage (specify) _____

Do you have liability insurance?

Yes No If yes, please specify coverage _____

Workers' Compensation (If Registered)

Rate (per \$100) _____ Firm Number _____ Account Number _____

Sources of Funding

Is your organization currently receiving funding from the Government of Canada for other projects?

Yes No If yes, please specify:

Department	Amount	Name of Project

Has your organization received funding from Health Canada in the past?

Yes No If yes, please specify:

Department	Amount	Name of Project

What source(s) of ongoing/core funding does your organization have in place?

What is the current annual operating budget for your organization? _____

Are you presently a Registered Lobbyist? (As per the requirements set out in the *Lobbyist Registration Act*, administered by Industry Canada).

Yes No

Applicants are responsible for ensuring that any person lobbying on their behalf is registered with Industry Canada pursuant to the *Lobbyist Registration Act*. In addition, applicants who seek outside assistance to solicit, negotiate or obtain a contribution from the department may not pay a contingency fee for such assistance.

At the agreement stage, applicants requesting funding of \$25,000 or more will be asked to declare that the above requirements concerning lobbyist and contingency fees have been met. Lobbyists may register on-line with Industry Canada (<http://strategis.ic.gc.ca>) free of charge. For further information, please contact 1-800-328-6189.

Please note that there is a fee for registering by paper.

Proposal Description: Please attach the following information:

- 1. Organization**
 - Summary of the organization and its mission, goals and objectives of organization, if applicable.
 - Description of the organization board, terms of reference and organization chart.
 - Background information on the organization and a description of its ability to manage the proposed activities, including how the organization will operate in a manner to support the priorities of the Tobacco Control Programme.
- 2. Collaboration**
 - Identify all partners in the project team.
 - Information on roles each partner will play and type of support (e.g. Monetary, in-kind, etc.).
 - Letters of commitment from each partner organization.
- 3. Project Overview**
 - The executive summary of the proposal, including a strong rationale (evidence-base) for the need for this project or gaps being addressed.
 - Project objectives and expected results.
 - Description of the target population and community demographics, needs and unique characteristics.
- 4. Work plan – Please use template in Application Form and also describe the following:**
 - Description of the staffing requirements and administrative procedures, including relevant human resource practices such as hiring and staff evaluation if applicable.
- 5. Budget – Please use template in Application Form and also describe the following:**
 - Costs of managing the implementation of the project;
 - Financial accounting and reporting practices to be used.
- 6. Dissemination**
 - Description of how results/outputs will be disseminated.
- 7. Sustainability**
 - Description of the sustainability action plan, if applicable.

* Please review posted Request for Proposals for additional information that may be required.

1. Organization

Please include a description of your organization, including the following elements:

- Mission
- Goals
- Objectives
- Board
- Terms of Reference
- Organization Chart

Please include a description of your organization's ability to manage the proposed activities, including how the organization will operate in a manner to support the priorities of the Tobacco Control Programme.

2. Collaboration

Please include the following information:

- Identify project partners
- Role of project partners
- Contribution of project partners (in-kind or financial)
- Letters of commitment from all partners

3. Project Overview

Please include the following in your project overview:

- Executive summary of the project
- Rationale/Evidence Base
- Project Objectives
- Expected Results
- Target Population and how they will be involved in the project

4. Work Plan Template – Please refer to the *Applicant Guide to Contribution Funding* for more information

Month/Fiscal Year	Activities	Methodology/Tools	Milestones	Output/Deliverable	Responsibility

Please include a description of the staffing requirements and administrative procedures, including relevant human resource practices such as hiring and staff evaluation as applicable.

5. **Budget Template** - Please refer to the *Applicant Guide to Contribution Funding* for more information

Item	Fiscal year 2007-2008	Fiscal year 2008-2009	Health Canada Contribution	Applicant/Other Contribution
Salary				
Benefit				
Contractual (specify)				
Insurance				
TOTAL PERSONNEL COST				
Transportation (mileage and travel expenses)				
Facilities and Rentals				
Meals				
TOTAL TRAVEL COSTS				
Supplies				
Printing/Copying				
Specialized Program Materials				
TOTAL MATERIALS COSTS				
Equipment Rental (Specify)				
Rent/Utilities				
TOTAL EQUIPMENT COSTS				
Evaluation				
Dissemination				
TOTAL EVALUATION AND DISSEMINATION COSTS				
Strategic Planning and Development (i.e. baseline research, focus group testing, literature reviews, etc.)				
Production Costs of Media Creative				
Printing				
Mailing				
Media Buy				
TOTAL MEDIA COSTS				
TOTAL OTHER COSTS				
TOTAL PROJECT COST (A+B+C+D+E+F+G)				

Please include an outline of how your organization will monitor and review the internal operations.

List all partner organizations, identify their roles and responsibilities, and financial contributions (<u>monetary or in-kind</u>)		
Organization	Roles and/or Responsibilities	Financial Contribution

PROJECT STAFF WAGES			
Position	No. of Weeks	Cost per Week	Total
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

NOTE TO APPLICANT: This information is collected under the auspices of Health Canada for the purpose of administering the programming. The information collected will be subject of the *Access to Information Act*.

6. Dissemination Plan - Please refer to the *Applicant Guide to Contribution Funding* for more information

Please answer the following questions:

How, and to whom, will you disseminate the results of your project, including outputs and key lessons?

How will you involve partners and target populations in your dissemination plan?

7. Sustainability Plan - Please refer to the *Applicant Guide to Contribution Funding* for more information

Please answer the following questions:

Do you intend to continue with this activity beyond the proposed FTCS funding period?

If yes:

- What partnerships are in place and additional partners are required to sustain the project?
- What confirmed funding sources are in place and what alternate funding sources are required to sustain the project?
- What steps will be taken to confirm the required funding sources?
- Is the sustainability action plan designed to sustain the proposed level of activity?
- If not, what level of service (reduction in staff, reduction of outreach) will be maintained?
- Are there developments occurring at the community level that will have a positive impact on your project? If so, provide details on how sustainability at the community level will affect the sustainability of your project (e.g. development of by-laws in your community).

C. Target Groups– please indicate the following targeted client groups to be served through this project, where applicable

Please refer to the *Applicant Guide to Contribution Funding* for more information

Scope of project <input type="checkbox"/> Local <input type="checkbox"/> Municipal <input type="checkbox"/> Regional <input type="checkbox"/> Provincial/Territorial <input type="checkbox"/> National 		
Target Population: Please check your specific target group(s) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Aboriginal (Urban) <input type="checkbox"/> Business Community <input type="checkbox"/> Children <input type="checkbox"/> Elderly <input type="checkbox"/> Employees <input type="checkbox"/> Ethno-cultural Groups <input type="checkbox"/> Gays/Lesbians <input type="checkbox"/> Infants <input type="checkbox"/> Inuit <input type="checkbox"/> Living in Poverty <input type="checkbox"/> Medical Practitioners <input type="checkbox"/> Mental Health Consumers <input type="checkbox"/> Métis <input type="checkbox"/> Non-Smokers <input type="checkbox"/> Official Language Minority <input type="checkbox"/> Parents/Families <input type="checkbox"/> People with multiple addictions </div> <div style="width: 45%;"> <input type="checkbox"/> Persons with disabilities <input type="checkbox"/> Pregnant Women <input type="checkbox"/> Professional - Health Sector <input type="checkbox"/> Recent Immigrants <input type="checkbox"/> Rural/remote <input type="checkbox"/> Single Parents / Lone Parents <input type="checkbox"/> Smokers <input type="checkbox"/> Students, University or College <input type="checkbox"/> Trade, Service, Hospitality Workers <input type="checkbox"/> Women <input type="checkbox"/> Youth and Young Adults <input type="checkbox"/> Other, specify: _____ </div> </div> <p style="text-align: right; margin-top: 10px;">If your project does not serve a specific target group, then check the following:</p> <input type="checkbox"/> All population groups		
Size of Population you will target <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> 0-20 <input type="checkbox"/> 21-40 <input type="checkbox"/> 41-60 </div> <div style="width: 30%;"> <input type="checkbox"/> 61-80 <input type="checkbox"/> 81-100 <input type="checkbox"/> 100-999 </div> <div style="width: 30%;"> <input type="checkbox"/> 1000-9999 <input type="checkbox"/> 10 000 + </div> </div>		
Sex of Population you will target <input type="checkbox"/> Both <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Predominantly Female <input type="checkbox"/> Predominantly Male 		
Age group(s) (check all that apply) <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> All Age Groups <input type="checkbox"/> Prenatal <input type="checkbox"/> Infant 0-2 <input type="checkbox"/> Preschool 3-6 </div> <div style="width: 30%;"> <input type="checkbox"/> Children 7-12 <input type="checkbox"/> Youth 13-18 <input type="checkbox"/> Young Adult 19-24 <input type="checkbox"/> Adult 25-64 </div> <div style="width: 30%;"> <input type="checkbox"/> Seniors 65+ </div> </div>		

D. Declaration - Please refer to the *Applicant Guide to Contribution Funding* for more information

I/We certify that the information contained in this application is an accurate description of our organization and our plans for the specified activity.			
Applicant Name (please print)	Position	Signature	Date YYYY MM DD
Applicant Name (please print)	Position	Signature	Date YYYY MM DD
Applicant Name (please print)	Position	Signature	Date YYYY MM DD
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