

**INTERNATIONAL TRADE AND LABOUR PROGRAM (ITLP)
APPLICATION FORM
CONTRIBUTIONS STREAM**

OFFICIAL USE ONLY	
Date received:	(YYYY/MM/DD)
File number:	

ALL APPLICANTS AND CO-APPLICANTS MUST COMPLETE SECTION 1, 7, 8 AND 9 OF THIS FORM (PLEASE PRINT).

[You may wish to make additional copies of this page before completing this section.]

SECTION 1: APPLICANT INFORMATION

Program under which you are applying		
Legal Name of Organization (Applicant)		Web Site Address (if applicable)
Mailing Address	City/Town	Province
Postal Code _____	(Area Code) Telephone #, extension (____) _____ - _____	(Area Code) Fax Number (____) _____ - _____
Organization Type (Please select the organization type that best describes your organization from Appendix A of this form and enter it here)		Major product or service Organization Established (Y/M/D)
Business Number (Canada Customs and Revenue Agency)		
Incorporation No.	GST, HST or Rebate Number	Rebate _____%
Legal Signing Officers for Agreement Purposes (According to Letters Patent or Other Incorporating Documents)		
Name	Title	Specimen Signature
<p>➤ How many of the above signatures (according to your letters patent or other incorporating documents) are required to bind your organization into a legal agreement? _____</p> <p>➤ What combination of signatures (according to your letters patent or other incorporating documents) is required to bind your organization into a legal agreement?</p> <p>_____</p>		
Name and Title of Contact Person		Electronic Mail Address
Language of Correspondence <input type="checkbox"/> English <input type="checkbox"/> French	(Area Code) Telephone #, ext. *[if different from above] (____) _____ - _____	(Area Code) Fax Number *[if different from above] (____) _____ - _____

Sections 2, 3, 4, 5 and 6 are to be filled out by the Project Manager appointed by the Applicants to receive and administer the funds provided by the Minister.

Please note: The Applicants must designate a "Project Manager", i.e. the individual appointed by the Applicants to represent the Applicants on the project.

Name of Project Manager	Organization
Mailing Address	Electronic (Internet) Address
(Area Code) Telephone #, Extension: (_____) _____ - _____ , _____	Cellular Telephone Number: (_____) _____ - _____
FAX Number: (_____) _____ - _____	

SECTION 2: SIGNING AUTHORITIES

Legal Signing Officer for Cheque Purposes		
Name	Title	Specimen Signature
<p>➤ How many signatures are required to sign a cheque on behalf of your organization? _____</p> <p>➤ What combination of signatures is required to sign a cheque on behalf of your organization?</p> <p>_____</p>		

Signing Officer for Payment Claims or other Reports submitted to Human Resources and Skills Development Canada (HRSDC)		
Name	Title	Specimen Signature
<p>➤ How many signatures are required to sign a payment claim form or other report submitted to HRSDC? _____</p> <p>➤ What combination of signatures is required to sign a payment claim form or other report submitted to HRSDC?</p> <p>_____</p>		

SECTION 3: ACCOUNTING PRACTICES OF ORGANIZATION RECEIVING CHEQUES FOR THIS PROJECT

Do you have an internal accounting department?: <input type="checkbox"/> No <input type="checkbox"/> Yes				
Do you have an external accounting firm?: <input type="checkbox"/> No <input type="checkbox"/> Yes				
<table border="1"> <tr> <td>Name of accounting firm</td> <td>Name of contact person</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Name of accounting firm	Name of contact person		
Name of accounting firm	Name of contact person			
(Area Code) Telephone #, extension (_____) _____ - _____ , _____				
Is your accounting done manually?: <input type="checkbox"/> No <input type="checkbox"/> Yes				
Is your accounting computerized?: <input type="checkbox"/> No <input type="checkbox"/> Yes (please indicate the name of the software package)				
Name of Bookkeeper: _____				
(Area Code) Telephone #, extension (_____) _____ - _____ , _____				
Will there be a separate bank account for this Agreement? <input type="checkbox"/> No <input type="checkbox"/> Yes				
What is your organization fiscal year end? (YYYY/MM/DD)				

Insurance Coverage

What accident insurance do you have for employees? (check appropriate item)

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 _____

If applicable, has union concurrence for proposed activities been obtained?

N/A Yes No

If yes, please attach written evidence of union concurrence.

If no, please explain:

SECTION 4: PROPOSAL DESCRIPTION AND BUDGET
[EACH OF THESE ISSUES MUST BE ADDRESSED
IN ORDER FOR YOUR PROJECT TO BE ASSESSED]

Project title**Duration of activity**

Proposed Start Date*: (YYYY/MM/DD)

Proposed End Date: (YYYY/MM/DD)

* Please allow eight (8) weeks after submitting your application, in order that the program staff may assess, approve, negotiate and sign a Contribution Agreement.

Location of activity**Proposal Description**

Please provide the following information and if possible, submit an electronic version:

- Applicant's mandate, experience and background.
- Past projects with HRSDC and or its predecessor department and results achieved. (Labour Canada and/or Human Resources Development Canada).
- Project objectives.
- Project activities and timeliness.
- Description of the targeted participants or beneficiaries (if applicable).
- List all partner organizations, identify their roles and responsibilities, and financial contributions (monetary or in-kind). [Please specify whether the contributions have been confirmed at the time of submission of this application.]
- Expected results, including deliverables.
- Means by which success will be measured both in the short term and long term.
- Evidence of Community Support.
- Plans for communication and dissemination of plan results.
- Environmental impact.

SECTION 5: COST CATEGORIES

Please attach detailed notes on how project costs were determined. For example, project coordinator 3 days a week at \$500 a week for 52 weeks = \$26,000.

Please attach details on how in-kind contributions (if any) were determined.

Item	Total Cost	Applicant/Other Contribution		HRSDC Contribution
		Cash	In-Kind	
A. Wage Costs				
Project Staff				
Project Participants (if applicable)				
Total Wage Costs				
B. Capital Costs				
Furniture and Fixtures				
Computer Hardware/Software				
Capital Expenditures				
Capital Assets				
Other Capital Costs related to project:				
Total Capital Costs				
C. Project Overhead (Activity) Costs				
Professional Fees (Consultant, translation, website design, etc.)				
Travel Costs/Transportation				
• Participants/student Costs				
• Contractors (if separate from Professional Fees)				
• By Project Staff/Project Management/Volunteers				
• Meals, accommodation and incidentals				
General Project Costs				
• Materials and Supplies (office supplies, telephone, postage and courier – Canada)				
• Printing and Communications (printing, audio-visual materials, video, brochures)				
• Utilities				
• Rent				
• Other general project costs: (passport fees, trip insurance, ATM charges –outside Canada, telephone cards)				
Total Project Overhead (Activity) Costs				
D. Total Project Cost (A+B+C=D)				

- For a contract of \$25,000 or more, the Applicant must use a competitive process involving a minimum of three (3) bids and must be approved by HRSDC
- Treasury Board Guidelines on Travel can be consulted at the following website address:
http://www.tbs-sct.gc.ca/hr-rh/gtla-vqc/lindex_e.asp

SECTION 6a): ESTIMATED FORECAST OF CASH FLOW

YEAR 2005-2006 (Note: Each fiscal year starts April 1st and ends on March 31st the following year)

MONTH	April	May	June	July	August	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March	TOTAL
PROJECTED FORECAST													
FEES													
Consultant													
Project Coordinator													
Other professional services													
WAGES													
Replacement salary for employee(s) for time spent on project													
PROJECT OVERHEAD/EXPENSES to the following maxima:													
Communications/publicity (printing, audio-visual materials, video, brochures)													
Travel, meals and accommodation (Canada)													
Room and equipment rental													
Other expenses (office supplies, telephone, postage and courier)													
TOTAL													

I/We certify that the above is an accurate statement of our anticipated cash flow requirements.

Signature

(YYYY/MM/DD)
Date

SECTION 6b): ESTIMATED FORECAST OF CASH FLOW

YEAR 2006-2007 (Note: Each fiscal year starts April 1st and ends on March 31st the following year)

MONTH	April	May	June	July	August	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March	TOTAL
PROJECTED FORECAST													
FEES													
Consultant													
Project Coordinator													
Other professional services													
WAGES													
Replacement salary for employee(s) for time spent on project													
PROJECT OVERHEAD/EXPENSES to the following maxima:													
Communications/publicity (printing, audio-visual materials, video, brochures)													
Travel, meals and accommodation (Canada)													
Room and equipment rental													
Other expenses (office supplies, telephone, postage and courier)													
TOTAL													

I/We certify that the above is an accurate statement of our anticipated cash flow requirements.

Signature

(YYYY/MM/DD)
Date

SECTION 7: DECLARATION — AMOUNTS OWING IN DEFAULT TO THE GOVERNMENT OF CANADA

NOTE: Completion of this declaration is required only if the amount of funding requested from HRSDC is \$25,000.00 or more.

- The information you provide below is collected in accordance with the Treasury Board Policy on Transfer Payments (pursuant to section 7 of the *Financial Administrative Act*).
- While the completion of this section is optional, failure to do so may result in denial of funding.

Do you, the Applicant owe any amounts in default to the Government of Canada under legislation or contribution agreements?

Yes No

If yes, please complete the following chart:

Amount owing in default	Nature of the amount owing in default (taxes, penalties, overpayments)	Name of government department or agency to which the amount in default is owed

SECTION 8: NOTE TO APPLICANTS REGARDING LOBBYISTS

- Applicants are responsible for ensuring that any persons lobbying on their behalf is registered with Industry Canada pursuant to the *Lobbyists Registration Act*. In addition, Applicants who seek outside assistance to solicit, negotiate or obtain a contribution from the department may not use HRSDC contribution funds to pay a contingency fee for such assistance.
- At the agreement stage, Applicants requesting funding of \$25,000.00 or more will be asked to declare that the above requirements concerning lobbyist registration and contingency fees have been met.
- Lobbyists may register online with Industry Canada at <http://strategis.ic.gc.ca> free of charge. For further information, please contact 1-800-328-6189.

NOTE: The information provided in this application will be administered in accordance with the *Privacy Act* and/or the *Access to Information Act*. The information will be stored in Personal Information Bank Number and/or Program Record Number. Instruction for making requests pursuant to the *Privacy Act* and the *Access to Information Act* are given in Info Source, publications which are found in federal government offices, including all Canada Human Resource Centres or on the Internet at: http://www.tbs-sct.gc.ca/gos-sog/atip-aijrp/index_e.asp.

SECTION 9: SIGNATURE(S) REQUIRED

I/We certify that I/we have read and understood the information provided above.
 I/We declare that the information in this application is accurate.
 I/We declare that I/we have provided the Government of Canada with a true and accurate list of all amounts owing to the Federal Government which are past due and in arrears as of the time of this application to Canada for funding. I/We recognize that amounts payable to me/us under this Agreement may be deducted from, or set-off against, any such amounts owing in default to the Government of Canada.

I/We authorize:

- (a) the Minister to disclose all information contained in the application concerning an amount in default owing to a government institution listed above to the institution concerned for the purpose of verifying the amount of status of debt, and
- (b) the government institution concerned to disclose to the Minister all particulars and information relevant to the debt solely for the purposes of the administration of my/our application for funding in connection with my/our declaration.

I/We declare:

- (a) that I/we are duly authorized to make this application on behalf of the organization named in this application,
- (b) that I/we understand that upon approval of this application, payment of re-approved contribution amount is subject to a contribution agreement and the Terms and Conditions of the contributions stream of the ITLP.

Applicant Name (please print):	Position:
Signature:	Date:
Applicant Name (please print):	Position:
Signature:	Date:

Organization Types

Private sector

Businesses, bodies incorporated or unincorporated.

Not-for-Profit sector

Community, charitable, voluntary organizations/associations, provincial non-governmental organizations, national non-governmental organizations, international non-governmental organizations, associations of workers and/or employers.

Public Educational Institutions

Public community colleges and vocational schools, public degree-granting universities, public degree-granting colleges, academics associated with private universities and colleges.

Other Organizations

International organizations.

National/Provincial/Territorial Government

National, Provincial, Territorial governments and agencies.

**ENVIRONMENTAL ASSESSMENT PRE-SCREENING
INTERNATIONAL TRADE AND LABOUR PROGRAM**

Official Use Only – Contributions for Consultation and Partnership-Building and Canadian-Based Cooperative Activities

Official Use Only – File Name:

Proposal Title:

Please answer the following question:

1. Does your project proposal include activities that are physical in nature?

For example, do the activities involve the construction, modification, or abandonment of a building, structure, trail, park, or facility? Do the activities involve the use or development of park or public lands or the release of any polluting substance into a body of water or a wetland?

Yes _____ No _____ Not sure _____

If you answered “no” to this question, no further action is necessary.

If you answered “yes” to this question, an ITLP Administrator will contact you for more details.

If you answered “not sure”, an ITLP Administrator will provide you with additional information to help you determine whether your project includes any physical activities.