



FUNDING APPLICATION GENERAL INFORMATION

PROTECTED when completed

INSTRUCTIONS

Please complete parts A and B, sign and date the form in part C.
Include information outlined in attached project/program/capital schedules, as required.

PART A - APPLICANT INFORMATION

ORGANIZATION

Name in Full	Previous Name of Organization
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Scope of Organization's Activities ➔ Local Municipal Provincial / Territorial Regional National International

LEGAL STATUS

Incorporated ➔ Yes Federal In Process
 No Provincial / Territorial Corporate Registration No. _____ Date Applied _____

Registered with Canada Customs and Revenue Agency as a Charitable Organization ➔ Yes In Process
 No Registration No. _____ Date Applied _____

INDIVIDUAL

Name	Canadian Citizen or Permanent Resident / Landed Immigrant ➔ <input type="checkbox"/> Yes <input type="checkbox"/> No
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PART B - CONTACT INFORMATION

Contact Person's Name	<input type="checkbox"/> Other <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Title
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Street Address (City, Province/Territory, Postal Code)	Mailing Address (if different)
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Office Tel. No. ()	Residence Tel. No. ()	Fax ()	E-Mail	Web site
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In which official language do you wish to communicate? English French

OFFICE USE ONLY	Date Received ➔	Program Officer ➔
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PART C - AFFIRMATION

I AFFIRM THAT the information in this application is accurate and complete, and that the plans and budgets are fairly presented. I agree that once funding is provided, any change to the proposal 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 to submit reports and financial accounting for evaluation of the activity funded by the Department. I understand that the information provided in this application may be accessible under the *Access to Information Act*. I also agree to respect the spirit and intent of the various acts governing the programs of the Department of Canadian Heritage.

SIGNATURE OF AUTHORIZED OFFICER

Signature of authorized officer	Name and Title (please print)	Date
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DETACH HERE

DETACH HERE

DETACH HERE