



For Official Use Only:

CSGC # \_\_\_\_\_ RC No. \_\_\_\_\_

**Program:** \_\_\_\_\_

(name of program to which you are applying for funding)

## Application for Funding

### Completing the form

This is a standard form used by multiple programs at Employment and Social Development Canada (ESDC).

You must read the Applicant Guide that is specific to the program to which you are applying. Each funding program may have unique mandatory questions, specific eligibility requirements, priorities, or supporting documents to submit with the completed Application Form.

Unless otherwise indicated in the Applicant Guide or on this form, you must complete all parts of the Application Form. ESDC may refuse applications that are incomplete or contain errors. We will contact you to request any mandatory information if it is missing from your application form.

If a closing date is posted, you must submit your Application Form by that date. We will not accept applications received after a closing date.

This document includes the following sections:

#### Notice to Applicants

#### Part 1 – Organization

- A. Organization
- B. Organization Contact Info
- C. Organization Capacity

#### Part 2 – Project Proposal

- A. Project Identification
- B. Project Description
- C. Project Details

#### Part 3 – Funding

- A. Anticipated Sources of Funding
- B. Budget
- C. Budget Details

#### Part 4 – Attestation

#### Appendix A

### How to submit the form and supporting documents

Consult the Applicant Guide for instructions on how to submit your application and supporting documents.

## Notice to Applicants

### Attestation

In order for your application to be eligible, you must have the authority:

- to submit project proposals for the applicant organization
- to enter into contracts and agreements on behalf of this organization
- to certify that the information in the application form is true, accurate and complete

You must provide:

- your name
- your title
- the date

No signature is required.

### Information in the form and supporting documents

The completion of this application form and provision of supporting documents is voluntary. Should you apply, note that there are some fields in the application form that are mandatory and required in order to submit a completed application. Please refer to the Applicant Guide for instructions.

We may also use or disclose your application information:

- to share information with others outside the government as a part of the review process
- for policy analysis and research analysis

Note that these additional uses or disclosures of your personal information will not affect your relationship with this department or any other government organization.

### Personal information

We ensure to manage personal information according:

- to the [Department of Employment and Social Development Act](#)
- to the [Privacy Act](#)
- other applicable laws

You have the right:

- to protect your personal information
- to access or change your personal information

If you have privacy concerns contact the [Office of the Privacy Commissioner of Canada](#).

### Access to information

Basic information on successful applications will be available on [Open Government](#).

Your application is also subject to the *Access to Information Act* (ATIA). The ATIA gives every person a right to access information under the department's control, except for some [exemptions](#).

Find [instructions for accessing this information](#). You can also visit a Service Canada Centre.

**Part 1 - Organization**

A. Organization Information			
1. Legal Name *	2. Operating (Common) Name * (mandatory field if different from legal name)	3. Business or Registration Number *	
4. Organization Type *	5. Organization Category *	6. Year Established *	
7. Organization Address *			
8. City or Town *	9. Province or Territory *	10. Country *	11. Postal Code *
12. Telephone Number *      Ext.	13. Website		
14. E-mail Address *			
15. Mailing Address * (mandatory field if different from Organization Address)			
16. City or Town * (mandatory field if different from Organization Address)	17. Province or Territory * (mandatory field if different from Organization Address)	18. Country * (mandatory field if different from Organization Address)	
19. Postal Code * (mandatory field if different from Organization Address)	20. Telephone Number *      Ext. (mandatory field if different from Organization Number)		
21. Organization's Mandate *			

  

Select the target group(s) that best aligns with your organization's mandate (more than one may be selected).

<input type="checkbox"/> Select all groups	<input type="checkbox"/> Seniors	<input type="checkbox"/> Newcomers	<input type="checkbox"/> Visible Minorities	<input type="checkbox"/> Youth
<input type="checkbox"/> Women	<input type="checkbox"/> Remote / Rural	<input type="checkbox"/> 2SLGBTQI+	<input type="checkbox"/> People with Disabilities	<input type="checkbox"/> Low Income
<input type="checkbox"/> Indigenous (specify)	<input type="checkbox"/> First Nations	<input type="checkbox"/> Individuals Experiencing Homelessness	<input type="checkbox"/> Official Language Minority Communities	
<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Inuit	<input type="checkbox"/> Metis	<input type="checkbox"/> Urban/Non Affiliated

<b>B. Organization Contact</b>			
<b>Primary contact</b> - This should be your primary contact person with respect to this application for funding.			
22. Given Name *		Surname *	
23. Position Title		24. Preferred language of communication * Written: <input type="radio"/> English <input type="radio"/> French   Spoken: <input type="radio"/> English <input type="radio"/> French	
25. <b>Organization Contact - Address</b> * <input type="radio"/> Same as Organization Address <input type="radio"/> Same as Organization Mailing Address <input type="radio"/> Different (include below)			
26. Contact Address * (mandatory field if different from Organization Address)			
27. City or Town * (mandatory field if different from Organization Address)	28. Province or Territory * (mandatory field if different from Organization Address)	29. Country * (mandatory field if different from Organization Address)	30. Postal Code * (mandatory field if different from Organization Address)
31. Telephone Number * Ext. (mandatory field if different from Organization Number)		32. E-mail Address	
<b>Secondary contact</b> - This should be your secondary contact person with respect to this application for funding in case we cannot reach the primary contact.			
33. Given Name *		Surname *	
34. Position Title		35. Preferred language of communication * Written: <input type="radio"/> English <input type="radio"/> French   Spoken: <input type="radio"/> English <input type="radio"/> French	
36. <b>Organization Contact - Address</b> * <input type="radio"/> Same as Organization Address <input type="radio"/> Same as Organization Mailing Address <input type="radio"/> Different (include below)			
37. Contact Address * (mandatory field if different from Organization Address)			
38. City or Town * (mandatory field if different from Organization Address)	39. Province or Territory * (mandatory field if different from Organization Address)	40. Country * (mandatory field if different from Organization Address)	41. Postal Code * (mandatory field if different from Organization Address)
42. Telephone Number * Ext. (mandatory field if different from Organization Number)		43. E-mail Address	

**C. Organizational Capacity**

44. Does your organization have a governing board that meets on a regular basis? \*  Yes  No

If no, please describe how your organization is managed:

45. Are the following written policies in place for delivering projects and services? \*

- Human Resources  Yes  No
- Occupational Health and Safety  Yes  No
- Other  Yes  No \_\_\_\_\_

If no, please describe how your organization addresses the areas of Human Resources and Occupational Health and Safety?

46. Does your organization have financial management components in place? \*

- Financial Management System (e.g. tracking expenses, general ledger, etc.)  Yes  No
- Policies and Procedures  Yes  No
- Staff Managing Finances  Yes  No

If no, please provide details on how finances are managed within your organization.

47. For this project, will your organization further distribute funding to any other organizations to support program objectives? \*  Yes  No

If yes, does your organization have controls in place to verify that the funded amount can be accounted for?

48. How many employees does your organization currently have? \*

49. Has your organization undergone any important transformations in the past two (2) years? \*  Yes  No

**If 'Yes' please provide a description of the changes:**

50. Please describe how your organization has the experience and expertise to carry out the proposed project activities. If applicable, please include any past experience with ESDC and the results of the project \*

51. Does your organization owe any amounts to the Government of Canada? \*  Yes  No

**If 'Yes', please complete the fields below for each amount owing:**

Amount Owing	Nature of the amount owing (e.g. taxes, penalties, overpayments)	Department or agency to which amount is owed	52. If an amount is owing, is a payment plan in place?
A.			<input type="radio"/> Yes <input type="radio"/> No
B.			<input type="radio"/> Yes <input type="radio"/> No
C.			<input type="radio"/> Yes <input type="radio"/> No
D.			<input type="radio"/> Yes <input type="radio"/> No

**Part 2 - Project**

**A. Project Identification**

53. Project Title \*

54. Planned Project Start Date (yyyy-mm-dd) *	55. Planned Project End Date (yyyy-mm-dd) *
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**B. Project Description**

56. Project Objectives (must be clearly linked to the objectives of the program to which you are applying). \*

57. Project Activities (must be broken down into clear steps). \*



58. Expected Results of the Project (must be clearly linked to the project objectives and be specific, concrete and measurable). \*

**C. Project Details**

59. Does the project include Results Measurement indicators? \*  Yes  No

**If 'Yes', please describe how you will meet and track the expected results of the project:**

60. Does this proposed project fit with your organization's other activities? \*  Yes  No

**If 'Yes', please describe how:**

61. Will any of the project activities be delivered in a different location than where your organization is located? \*  Yes  No

**If 'Yes', please include your main address and an address for every other location where project activities will occur:**

Main Address	City or Town	Province or Territory	Postal Code
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A.

Secondary Address	City or Town	Province or Territory	Postal Code
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B.

C.

D.

E.

62. Is your project designed to benefit or involve people in English or French-language minority communities? \*  Yes  No

If 'Yes', please provide an explanation and any details on whether consultations will take place with these communities:

63. Is your project targeting vulnerable groups? \*  Yes  No

If yes, select the specific target group(s) that applies to your project.

- Select all groups
- Seniors  Newcomers  Visible Minorities  Youth
- Women  2SLGBTQI+  People with Disabilities  Low Income
- Remote / Rural  Individuals Experiencing Homelessness  Official Language Minority Communities
- Indigenous (specify)
- First Nations  Inuit  Metis  Urban/Non Affiliated
- Other (specify)
- Not Applicable

64. Will any other organizations, networks or partners be involved in carrying out the project? \*  Yes  No

If 'Yes', please clearly identify the role(s) and expertise they will bring to the project:

65. Does the project address the program's national, regional or local priorities? \*  Yes  No

If 'Yes', please select all that apply:

- National
- Regional
- Local



77. **Capital Assets:** Will capital assets be among your planned expenditures with ESDC funding? \*  Yes  No

If yes, please explain the benefit of the purchase that are necessary to carry out the project activities:

78. **Further Budget Details:**

**Part 4 - Attestation \***

In order for your application to be eligible, an official representative who has the capacity and the authority to submit project proposals and enter into contracts and agreements on behalf of your organization must complete this section of the form. By doing so, you are attesting to the following three points:

I have the capacity and the authority to submit this Application for Funding on behalf of the applicant organization

I certify and warrant on behalf of the organization and in my personal capacity that the information provided in this Application for Funding and any supporting documentation is true, accurate, and complete

I have read the Applicant Guide and understand the program's requirements

Official Representative Name (print) *	
Title (print) *	Date (YYYY-MM-DD) *
Official Representative Name (print)	
Title (print)	Date (YYYY-MM-DD)
Official Representative Name (print)	
Title (print)	Date (YYYY-MM-DD)

**Appendix A**

**Instructions:** For each block of text you include below (if any), please specify the section it is meant to continue.

*e.g. Part 2, Section B, Question 56 – continued: insert the rest of your answer here.*

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