



## Grant Application for Funding – New Horizons for Seniors Program (NHSP)

### COMPLETING THE FORM

This is a standard form used by multiple programs at Employment and Social Development Canada. In Section B, you will need to identify the funding request to which you are applying.

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, 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:

**Section A – Notice to Applicants**

**Section B – Program Information**

**Section C – Application Form**

Part 1 – Organization

Part 2 – Project Proposal

Part 3 – Budget

Part 4 – Program Specific Questions and Checklist

Part 5 – Attestation

### HOW TO SUBMIT THE FORM AND SUPPORTING DOCUMENTS

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

## SECTION A – 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 and research analysis

### 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, and
- 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.

**SECTION B – Program Information**

Select only one funding request per application.

**New Horizons for Seniors Program (NHSP)**

The New Horizons for Seniors Program provides grants and contributions funding to organizations that want to help seniors make a difference in the lives of others and in their communities.

Funding requested: Community-based Projects (up to \$25,000)

**SECTION C – Part 1 – Organization**

**ORGANIZATION IDENTIFICATION**

**1. Legal Name** (Organization's full name, as it appears on legal documents)

**2. Operating Name** (if different from legal name)

**3. Year Established** (Year the organization was originally created)

**4. Organization Type**

- Not-For-Profit   
  Private Sector   
  Public Sector

**5. Organization Category** - For example: Sector councils; University; Municipal Government; etc. (see Applicant Guide for more examples).

**6. Canada Revenue Agency (CRA) Business Number** - Unique 15-digit number assigned to your business or legal entity by CRA.

If you do not have a CRA Business Number, provide one of the following:

For example: Your provincial/territorial corporation number (such as the number found on your Letters Patent) or your federal corporation number with Industry Canada (see Applicant Guide for further details).

Other Registration Number:

or

I have provided a separate document confirming the proof of operations for my organization.

Specify type of document(s):

**7. Organization Primary Address**

Street number and name

City or Town

Province or Territory

Postal Code

Country

Telephone Number and Ext.

E-mail Address

**8. Mailing Address** - Is it the same as the Organization Primary Address?

Yes  No

If no, include below.

Mailing Address

Street number and name

City or Town

Province or Territory

Postal Code

Country

Telephone Number and Ext.

**9. Organization's Primary Activities** - (In no more than 500 words, provide a description of your organization's primary activities.)

Select the target group(s) that best aligns with your organization's primary activities (more than one may be selected).  
 Note: your answer to this question will not impact the assessment of your proposed project. (Optional)

- 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"/> 2SLGBTQIA+                            | <input type="checkbox"/> People with Disabilities               | <input type="checkbox"/> Low Income           |
| <input type="checkbox"/> Remote / Rural       | <input type="checkbox"/> Individuals Experiencing Homelessness | <input type="checkbox"/> Official Language Minority Communities |   |
| <input type="checkbox"/> Indigenous (specify) |  |   |   |
| <input type="checkbox"/> First Nations        | <input type="checkbox"/> Inuit                                 | <input type="checkbox"/> Metis                                  | <input type="checkbox"/> Urban/Non Affiliated |
| <input type="checkbox"/> Other (specify)      |  |   |   |
| <input type="checkbox"/> Not Applicable       |  |   |   |

**ORGANIZATION CONTACTS**

**PRIMARY CONTACT** - This should be your primary contact person with respect to this application for funding.

**10. Given Name/Surname**

Name:  Surname:

**11. Position Title**

**12. Preferred language of communication**

Written:  English  French      Spoken:  English  French

**13. Primary Contact - Address**

Same as Organization Primary Address     
  Same as Organization Primary Mailing Address     
  Different (include below)

Street number and name  City or Town

Province or Territory  Postal Code  Country

Telephone Number and Ext.  E-mail Address

**SECONDARY CONTACT** - This should be your secondary contact person with respect to this application for funding in case we cannot reach the primary contact.

**14. Given Name/Surname**

Name:  Surname:

**15. Position Title**

**16. Preferred language of communication**

Written:  English  French      Spoken:  English  French

**17. Secondary Contact - Address**

Same as Organization Primary Address     
  Same as Organization Primary Mailing Address     
  Different (include below)

Street number and name City or Town

Province or Territory Postal Code Country

Telephone Number and Ext. E-mail Address

**18. Does your organization owe any amounts to the Government of Canada?**

Yes       No

If yes, 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	19. 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

**SECTION C – Part 2 – Project Proposal**

**PROJECT PROPOSAL IDENTIFICATION**

**20. Project Title**

**21. Planned Project Start Date (YYYY-MM-DD)** **22. Planned Project End Date (YYYY-MM-DD)**

**23. Amount requested from Employment and Social Development Canada**

**PROJECT PROPOSAL DESCRIPTION**

**24. Project Summary** In 500 words or less, describe the need of the proposed project including what it aims to achieve (objective and anticipated results), and who is the targeted group.

[Empty text box for project summary]



25. In 500 words or less, describe how the proposed project meets the objective(s) and/or priority(ies) of the funding program under which you are applying.

**26. Project Activities and Timelines** (Provide the activities and their timelines that will be taking place as part of this proposed project.)

Activities	Timelines	

**27. Will any of the proposed project activities be delivered at your organization's primary address?**

- Yes       No

Will any of the proposed project activities be delivered in a different location from your organization's primary address?

- Yes       No

If yes, include the address for every other location where project activities will occur:

Other project address	City or Town	Province or Territory	Postal Code
A.			
B.			
C.			
D.			

28. Will the project or any of its activities involve or benefit people in English or French linguistic minority communities in Canada, in some way?

- Yes     
  No     
  Not Applicable

If yes, in about 250 words, provide an explanation and any details on the actions and communication activities you will take to meet that community's needs.

29. Is your project targeting vulnerable groups?

- Yes     
  No

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

- |   |  |   |   |
|---|--|---|---|
| <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"/> 2SLGBTQIA+                            | <input type="checkbox"/> People with Disabilities               | <input type="checkbox"/> Low Income           |
| <input type="checkbox"/> Remote / Rural       | <input type="checkbox"/> Individuals Experiencing Homelessness | <input type="checkbox"/> Official Language Minority Communities |   |
| <input type="checkbox"/> Indigenous (specify) |  |   |   |
| <input type="checkbox"/> First Nations        | <input type="checkbox"/> Inuit                                 | <input type="checkbox"/> Metis                                  | <input type="checkbox"/> Urban/Non Affiliated |
| <input type="checkbox"/> Other (specify)      | <input style="width: 700px; height: 20px;" type="text"/>       |   |   |

**SECTION C – Part 3 – Budget**

**30. PROJECT COSTS** - (expenses) for the eligible activities or services of the proposed project

List each eligible activity or service:	Cost is: Cash or Cost is: Donation (In-kind)		Cost (\$ value)
	<input type="radio"/>	<input type="radio"/>	
	<input type="radio"/>	<input type="radio"/>	
	<input type="radio"/>	<input type="radio"/>	
	<input type="radio"/>	<input type="radio"/>	
	<input type="radio"/>	<input type="radio"/>	
	<input type="radio"/>	<input type="radio"/>	
	<input type="radio"/>	<input type="radio"/>	
	<input type="radio"/>	<input type="radio"/>	
	<input type="radio"/>	<input type="radio"/>	
	<input type="radio"/>	<input type="radio"/>	
Total cost of eligible activities and/or services*			

**31. FUNDING SOURCES** - (revenues) for the proposed project costs noted above

List Organization Name for each Funding Source (can be other governments, a private sector organization, or self-funded)	Funding amount is: Cash or Funding amount is: Donation (in-kind)		Funding Amount (\$ value)	Funding amount is: Confirmed (guaranteed)
	<input type="radio"/>	<input type="radio"/>		
Amount requested from Employment and Social Development Canada**				
	<input type="radio"/>	<input type="radio"/>		<input type="checkbox"/>
	<input type="radio"/>	<input type="radio"/>		<input type="checkbox"/>
	<input type="radio"/>	<input type="radio"/>		<input type="checkbox"/>
	<input type="radio"/>	<input type="radio"/>		<input type="checkbox"/>
	<input type="radio"/>	<input type="radio"/>		<input type="checkbox"/>
	<input type="radio"/>	<input type="radio"/>		<input type="checkbox"/>
	<input type="radio"/>	<input type="radio"/>		<input type="checkbox"/>
	<input type="radio"/>	<input type="radio"/>		<input type="checkbox"/>
Total funding for eligible activities or services*				

\* Total cost in Question 30 and total funding of eligible activities and/or services in Question 31 must equal each other.

\*\* Amount must correspond with the amount listed in Question 23.

**BUDGET DETAILS**

**32. Please use this field to describe budget details of all costs indicated under question 30. (This question is mandatory. Please refer to the Applicant Guide for detailed instructions.)**

**SECTION C – Part 4 – Program Specific Questions and Checklist**

**New Horizons for Seniors Program (NHSP)**

**Program Specific Questions**

**33. Choose one or more program objectives that supports your proposed project.** Your proposed project must support at least one of the following program objectives. Note: if a capital assistance objective supports your proposed project, it must link to at least one of the other objectives

- Promoting volunteerism among seniors and other generations.
- Engaging seniors in the community through the mentoring of others.
- Expanding awareness of elder abuse, including financial abuse.
- Supporting the social participation and inclusion of seniors.
- Providing capital assistance for new and existing community projects and/or programs for seniors.

**34. Will your project support one or more national priorities? If yes, select all that apply.** (See Applicant Guide for a description of the priorities and further instructions.)

- Priority 1: Supporting healthy ageing
- Priority 2: Preventing Senior Abuse
- Priority 3: Celebrating diversity and promoting inclusion
- Priority 4: Supporting financial security

**35. In about 250 words, describe how your community supports this project.** Applicants are required to provide a letter of support from at least one organization or official who supports the project.

**36. Indicate the number of seniors and non-seniors who will take part in the planning and design of the proposed project activities.**

Number of Seniors:

Number of Non-Seniors:

In about 250 words, describe what will be their role in the planning and design of the proposed project.

37. After the project is complete, how many individuals do you think will benefit from the proposed project activities?

Number of Seniors:

Number of Non-Seniors:

In about 250 words, explain how the individuals will benefit from the proposed project.



**Program Checklist**

Please review the following checklist carefully. Errors or incomplete applications will result in delayed processing and/or rejection.

- I answered all of the questions in each section of this application form (unless otherwise indicated).
- I provided a copy of my business' registration or proof of operations in relation to Question 6.
- I provided the necessary quote in relation to Question 30 - for activities related to repairs, renovations and/or maintenance of facilities.
- I provided a supporting letter from a community representative/organization in relation to Question 35.

**SECTION C – Part 5 – 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 Form 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 Form 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)