



Application *for* Funding

Checklist **Your application package must include the following:**

completed original Application for Funding Form signed by an authorized officer of your organization

detailed description of your project (*refer to the specific Funding Program's Guide and/or ISA for details*)

evidence of your organization's
eligibility (**Section 1, #2**)

copy of documentation confirming status of funding from other sources (*if applicable*) (**Section 5, #1b, 2b**)

The Public Health Agency of Canada collects the information for the purpose of evaluating applicants' proposals for grants or contributions. Information contained in these proposals, such as the objectives and activities of the organization, number of staff and financial data may be accessible under the provisions of the *Access to Information Act*. All personal information will be protected in accordance with the *Privacy Act*. Instructions for making requests pursuant to the Acts are located in Info Source, which is available at www.infosource.gc.ca.



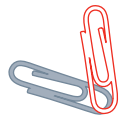
Application *for* Funding

PHAC USE

SECTION 1 Organization Information PRINT OR TYPE **page 1 of 7**

1. Language Preferred **English** **French**

2. Organization Legal Name



Attach evidence of eligibility

3. Mailing Address

4. Courier Address (if different than #3)

5. Project Contact Person
Mr. Mrs. Ms. Other

Mailing Address (if different than #3)

Name

Title

6. Contact Telephone Number
() Ext.

7. Fax Number
()

8. E-Mail Address

9. Organization Website Address

1. Project Title**2. Project Summary (maximum 350 words) completing the following**

- a) *The mandate of the organization is . . .*
- b) *The partners with whom the organization will work on this project are . . .*
- c) *The objectives of the project are . . .*
- d) *The activities the organization will undertake to meet the objectives are . . .*
- e) *The expected results of the project are . . .*
- f) *The tools that will be used to measure the results of the project are . . .*
- g) *The project will produce . . .*
- h) *The project results will be disseminated by . . .*

**3. Total Amount requested
from the Program****4. Duration of Project
(months)**

1. Has the organization received funding from the Government of Canada (*grants or contributions*) within the past twelve months?

Yes

No



If no, click here and go to Section 5

2. If yes, indicate the following:

Name of Department and Funding Program

Contact Person in the Department

Mr. Mrs. Ms. Other

Provide project information below

Start Date

YY-MM-DD

Name

End Date

YY-MM-DD

Title

Amount

Telephone Number

() Ext.

Project Title

E-Mail Address

Name of Department and Funding Program

Contact Person in the Department

Mr. Mrs. Ms. Other

Provide project information below

Start Date

YY-MM-DD

Name

End Date

YY-MM-DD

Title

Amount

Telephone Number

() Ext.

Project Title

E-Mail Address

Name of Department and Funding Program

Contact Person in the Department

Mr. Mrs. Ms. Other

Provide project information below

Start Date

YY-MM-DD

Name

End Date

YY-MM-DD

Title

Amount

Telephone Number

() Ext.

Project Title

E-Mail Address



Click here to enter other previous funding received

1. Does the organization owe any amounts to the Government of Canada? Yes No

 *If no, click here and go to Section 5*

2. If yes, complete the following:

Name of Department and Funding Program

Contact Person in the Department

Mr. Mrs. Ms. Other

Telephone Number

() Ext.

Name

E-Mail Address

Title

Amount Owing

Name of Department and Funding Program

Contact Person in the Department

Mr. Mrs. Ms. Other

Telephone Number

() Ext.

Name

E-Mail Address

Title

Amount Owing

Name of Department and Funding Program

Contact Person in the Department

Mr. Mrs. Ms. Other

Telephone Number

() Ext.

Name

E-Mail Address

Title

Amount Owing

1. Other Sources: *Financial*

Are the activities under this project being funded through monies applied or received from other funding sources?

Yes

No

If yes, identify:

a) Name of Funding Source(s):

b) Status of request(s):



approved (attach a copy of documentation confirming funding)

or

pending (provide indication of contingency plan should the funding not come through)

2. Other Sources: *Non-financial*

Are in-kind contributions being made by your organization or from other sources for the activities of this project?

Yes

No

If yes, identify:

a) Name of Funding Source(s):

b) Status of request(s):



approved (attach a copy of documentation confirming non-financial support)

or

pending (provide indication of contingency plan should the non-financial support not come through)

3. Summary of Other Sources

BUDGET ITEMS	Financial	Non-financial	TOTAL
Personnel			
Travel			
Materials			
Equipment			
Rent and Utilities			
Evaluation/ Dissemination			
Other (specify)			
TOTAL			

4. Total Budget Summary

BUDGET	CONTRIBUTION FROM PROGRAM					TOTAL
	Federal Fiscal Year is from April 1 st to March 31 st					
	Fiscal Year 20 <input type="text"/> - <input type="text"/>	Fiscal Year 20 <input type="text"/> - <input type="text"/>	Fiscal Year 20 <input type="text"/> - <input type="text"/>	Fiscal Year 20 <input type="text"/> - <input type="text"/>	Fiscal Year 20 <input type="text"/> - <input type="text"/>	
Number of Months						
Personnel						
Travel						
Materials						
Equipment						
Rent and Utilities						
Evaluation/ Dissemination						
Other (specify)						
TOTAL Requested						
TOTAL Other Sources (financial)						
TOTAL Other Sources (non-financial)						
GRAND TOTAL						

1. The undersigned on behalf of the organization declares that:

- the information in this application and all accompanying documents are accurate and complete;
- no current or former public servant or public office holder to whom *The Conflict of Interest and Post-employment Code for the Public Services, The Values and Ethics Code for the Public Service, or The Conflict of Interest and Post-employment Code for Public Office Holders* applies, shall derive any direct benefit from this Application for Funding, including any employment, payments or gifts, unless the provision and receipt of such benefits is in compliance with such Code;
- the application is made on behalf of the organization named in Section 1 with its full knowledge and consent.

2. I acknowledge that should this application be approved, funding will be conditional upon the organization entering into a written and signed agreement with the Public Health Agency of Canada.

3. Officer authorized by the organization

Mr. Mrs. Ms. Other

Name

Title or position held with the organization

4. Telephone Number

()

Ext.

5. Fax Number

()

6. E-Mail Address

7. Signature of authorized officer



Date

YY-MM-DD



Click here for Section 4

Name of Department and Funding Program

Contact Person in the Department Mr. Mrs. Ms. Other <input type="text"/>	Provide project information below Start Date <input type="text" value="YY-MM-DD"/>
Name	End Date <input type="text" value="YY-MM-DD"/>
Title	Amount
Telephone Number () <input type="text"/> <input type="text"/> Ext. <input type="text"/>	Project Title
E-Mail Address	

Name of Department and Funding Program

Contact Person in the Department Mr. Mrs. Ms. Other <input type="text"/>	Provide project information below Start Date <input type="text" value="YY-MM-DD"/>
Name	End Date <input type="text" value="YY-MM-DD"/>
Title	Amount
Telephone Number () <input type="text"/> <input type="text"/> Ext. <input type="text"/>	Project Title
E-Mail Address	

Name of Department and Funding Program

Contact Person in the Department Mr. Mrs. Ms. Other <input type="text"/>	Provide project information below Start Date <input type="text" value="YY-MM-DD"/>
Name	End Date <input type="text" value="YY-MM-DD"/>
Title	Amount
Telephone Number () <input type="text"/> <input type="text"/> Ext. <input type="text"/>	Project Title
E-Mail Address	



Click here to enter other previous funding received



[Click here for Section 4](#)

Name of Department and Funding Program

Contact Person in the Department

Mr. Mrs. Ms. Other

Provide project information below

Start Date

YY-MM-DD

Name

End Date

YY-MM-DD

Title

Amount

Telephone Number

() Ext.

Project Title

E-Mail Address

Name of Department and Funding Program

Contact Person in the Department

Mr. Mrs. Ms. Other

Provide project information below

Start Date

YY-MM-DD

Name

End Date

YY-MM-DD

Title

Amount

Telephone Number

() Ext.

Project Title

E-Mail Address

Name of Department and Funding Program

Contact Person in the Department

Mr. Mrs. Ms. Other

Provide project information below

Start Date

YY-MM-DD

Name

End Date

YY-MM-DD

Title

Amount

Telephone Number

() Ext.

Project Title

E-Mail Address