

| 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 Accessibility Standards Canada.

You must read the Applicant Guide related to the program you are applying to. The Guide has information on how to complete and submit this form. Each funding program may have different:

- eligibility criteria;
- priorities; or
- supporting documents to send with your Application Form.

You must complete all parts of the Application Form, unless the Guide or the Form tells you not to. Accessibility Standards Canada can refuse applications that are missing information or have errors.

You must submit your Application Form by the deadline. We will not accept late applications.

This document includes these 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

Read the Applicant Guide for instructions. The Guide will tell you how to submit your application and your supporting documents



Notice to Applicants

Attestation

To be eligible, you must have the authority to:

- submit project proposals for the applicant organization, and
- enter into contracts and agreements for this organization

Checking the 3 boxes in Part 4 of the form means that the information in the application and supporting documents is:

- true
- accurate, and
- complete

You must provide:

- your name
- your title, and
- the date

No signature is needed.

Information in the form

Completing this application form is voluntary. We will use this information to assess your project.

We may also use or share your application information:

- for policy analysis
- to do some research
- for evaluation
- to discuss with other relevant government of Canada departments or federal organizations to assist with project evaluation. For example, it may help to decide if the project addresses a gap or focuses on relevant topics
- to share information with others outside the government as a part of the review process

These other options for using or sharing personal information will not affect your relationship with this department or any other government organization.

Personal information

We make sure to manage personal information as outlined in:

- the Privacy Act, and
- other relevant laws

You have the right to:

- access your personal information
- ask to make corrections if you think there is an error or something is missing

Questions, concerns, or complaints about how the Privacy Act and privacy policies are applied can be sent to the Accessibility Standards Canada's Privacy Coordinator:

- by email to Info.Accessibility.Standards-Normes.Accessibilite.Info@canada.gc.ca
- by calling 1-833-854-7628, or
- by writing to: Accessibility Standards Canada Privacy Coordinator

125 Sussex Drive, Terrasse Level, Suite 010 Confederation Room Ottawa ON, K1A 0G2

If you are not happy with our response to your privacy concern, contact the Office of the Privacy Commissioner of Canada.

Access to information

After this process, the information on the 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 <u>exemptions</u>.

Find instructions for accessing this information here. You can also visit a Service Canada Centre.

Part 1 - Organization

| A. Organization Information | | | | | | | |
|---|--|---------|--|----------|--|--|--|
| | | | ng (Common) Name * (mandatory fi t from legal name) | eld if | 3. Business or Registration Number * | | |
| 4. Organization Type * 5. 0 | | | ation 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. Fax Number | | 14. E-mail Address * | | | | |
| 15. Mailing Address * (mandatory field if dif | ferent from Organization Address |) | | | | | |
| 16. City or Town * (mandatory field if different from Organization Address) | 17. Province or Territory * (many if different from Organization | | 18. Country * (mandatory field if di from Organization Address) | fferent | 19. Postal Code * (mandatory field if different from Organization Address) | | |
| 20. Telephone Number * Ext. (mandatory | field if different from Organization | Number) | 21. Fax Number (if different from C | Organiza | tion Number) | | |
| | | | | | | | |
| B. Organization Contact | | | | | | | |
| Primary contact - This should be your | r primary contact person with | | | | | | |
| 23. Given Name * | | Surna | ne - | | | | |
| 24. Position Title | | 25. Pr | 25. Preferred language of communication * | | | | |
| | | Wr | tten: C English French | Spoken | : C English C French | | |
| 26. Organization Contact - Address * | ~ | | | | | | |
| Same as Organization Address (| Same as Organization Mailing | | O Different (include below) | | | | |
| 27. Contact Address * (mandatory field if different from Organization Address) | | | | | | | |
| 28. City or Town * (mandatory field if different from Organization Address) | 29. Province or Territory * (mane if different from Organization Ad | | 30. Country * (mandatory field if di from Organization Address) | fferent | 31. Postal Code * (mandatory field if different from Organization Address) | | |
| 32. Telephone Number * Ext. (mandatory field if different from Organization Number) | 33. Fax Number | | 34. E-mail Address | | | | |

| Secondary contact - This should be y | our secondary contact person with | respect to | o this applica | ation for fundir | ig in case | e we cannot reach the | |
|---|--|--------------|------------------|--------------------|------------|-------------------------------|--|
| primary contact. 35. Given Name * | | Surname * | | | | | |
| | | | | | | | |
| | | | | | | | |
| 36. Position Title | | 37. Preferre | d language of | f communicatior | · * | | |
| | | Written: | English | ○ French | Spoken: | C English C French | |
| 38. Organization Contact - Address * | | | | | | | |
| ◯ Same as Organization Address (| Same as Organization Mailing Addre | ess 🔘 I | Different (inclu | ude below) | | | |
| 39. Contact Address * (mandatory field if di | fferent from Organization Address) | | | | | | |
| | | | | | | | |
| 40. City or Town * (mandatory field if | 41. Province or Territory * (mandatory | field 12 | Country * (ma | ndatory field if d | ifforont | 43. Postal Code * | |
| different from Organization Address) | if different from Organization Address) | | o Organization | | merent | (mandatory field if different | |
| | | | | | | from Organization Address) | |
| 44 Talanhana Number * Eut (mandatary | | 40 | E mail Addaed | - | | | |
| 44. Telephone Number * Ext. (mandatory field if different from Organization Number) | | 46. | E-mail Addres | S | | | |
| , | | | | | | | |
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| C. Organizational Capacity | | | | | | | |
| 47. How many employees does your organ | ization currently have? | | | | | | |
| 48. Has your organization undergone any ir | moortant transformations in the past two | o (2) vears | ? * () Yes | No | | | |
| | | ()) | \bigcirc | | | | |
| If 'Yes' please provide a description | of the changes: | | | | | | |
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| 49. Please describe how your organization | has the experience and expertise to car | rrv out the | proposed proi | ect activities. * | | | |
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| 50. Does your organiza | ation owe any amounts to the Government of Canada? | * _ Yes No | | |
|------------------------|---|--|---|---------|
| If 'Yes', please cor | mplete 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 | 51. If an an owing, is a plan in plac | payment |
| A. | | | ⊖ Yes | ◯ No |
| В. | | | ⊖ Yes | ◯ No |
| C. | | | ⊖ Yes | ◯ No |
| D. | | | ⊖ Yes | ◯ No |

Part 2 - Project

| A. Project Identification | | | | | | |
|---|--|--|--|--|--|--|
| 52. Project Title * | | | | | | |
| | | | | | | |
| 53. Planned Project Start Date (yyyy-mm-dd) * 54. Planned Project End Date (yyyy-mm-dd) * | | | | | | |
| | | | | | | |
| B. Project Description | | | | | | |
| 55. Project Objectives (must be clearly linked to the objectives of the program to which you are applying). * | | | | | | |

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

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

| | | | denotes manualory held |
|--|-----------------------------------|-------------------------------------|------------------------|
| C. Project Details | | | |
| 58. Does the project include Results Measurement indicators | s? * OYes ONo | | |
| If 'Yes', please describe how you will meet and track | the expected results of the proje | ect: | |
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| 59. Does this proposed project fit with your organization's oth | ner activities? * OYes OI | No | |
| If 'Yes', please describe how: | | | |
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| 60. Will any of the project activities be delivered in a different | location than where your organiza | tion is located? * OYes ONo | |
| If 'Yes', please include your main address and an add | dress for every other location wh | nere project activities will occur: | |
| Main Address | City or Town | Province or Territory | Postal Code |
| А. | | | |
| Secondary Address | City or Town | Province or Territory | Postal Code |
| В. | | | |
| С. | | | |
| D. | | | |
| E. | | | |
| . | | | |

| * | denotes | mandatory | field |
|---|---------|-----------|-------|
|---|---------|-----------|-------|

| 61. Is your project designed to benefit or involve people in English or French-language minority communities? * O Yes O No |
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| If 'Yes', please provide an explanation and any details on whether consultations will take place with these communities: |
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| 62. 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: |
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| 63. Does the project address the program's national, regional or local priorities? * O Yes No |
| If 'Yes', please select all that apply: |
| National |
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| 64. Does your project include activities that are listed in the Impact Assessment Agency of Canada (IAAC) Regulations Designating Physical Activities established under the Canadian Impact Assessment Act 2019 * |
| Please note: Applicants need to verify if their proposed activities are listed under the above Act - Please visit the Impact Agency of Canada to access the list of Regulations Designating Physical Activities. |
| No, an Impact Assessment (IA) is not required. |
| ⊖ Yes |
| If 'yes', then, as per the Canadian Impact Assessment Act, (2019), you must submit your project description electronically to the IACC for further |
| review. The IACC will determine if an IA is required based on your project description. Accessibility Standards Canada funding will be conditional upon receipt by the department, as the case may be, IACC confirmation that an IA is not required, or, a copy of the completed IA and confirmation that your organization is equipped to appropriately address the IA findings |
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Part 3 - Funding

| A. Anticipated Sources of Funding | | | | | | | | | |
|--|-----------------------------|---------|---|----------------------------|-------------|--------------------|-------|--|--|
| 65. Source Name* | 66. Source Type* | 67. | Cash | 68. In-ki (\$ va | | 69. Confirmed C | ash* | Confirmed In-kind* | |
| Accessibility Standards Canada | Federal Government | | | | | | | | |
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| Total Funding for the Project | | | | | | | | | |
| B. Budget (Please refer to Question 76 to provide | additional budget in | form | ation) | | | | | | |
| 70. Cost Category* | | | 71.Planned Expenditu Accessibi Standards | lity | | enditures (\$) | | 3. Planned Expenditures (\$) Other - In-kind | |
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| Total Planned Expenditures | | | | | | | | | |
| C. Budget Details | | | | | | | | | |
| 74. Associated Businesses or Individuals: Please check funding: | k all statements below that | at appl | ly to your plan | ned expei | nditures of | f Accessibility | Stanc | lards Canada | |
| Contracts valued at \$25,000 or more are part of the pla | anned expenditures | | | | | | | | |
| Contracts with businesses or individuals legally associated with the applicant organization are among the planned expenditures | | | | | | | | | |

Contracts with outside providers to manage all or part of the project activities on behalf of the applicant organization are among the planned expenditures

| | | HEN COMPLETED |
|---|-------|----------------------|
| 75. Capital Assets: Will capital assets be among your planned expenditures with Accessibility Standards Canada funding? * | ⊖ Yes | ◯ No |
| If yes, please explain the benefit of the purchase that are necessary to carry out the project activities: | | |
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| 6. Further Budget Details: Budget breakdown by fiscal year, and detailed by project activity and cost category. | | |
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| Part 4 - Attestation | | | | | | |
| For your application to be eligible, the official representative who has the capacity and the authority to su agreements for your organization must confirm these statements: | Ibmit project proposals and enter into contracts and | | | | | |
| I have the capacity and the authority to submit this Application for Funding for the applicant organization. | | | | | | |
| I certify and warrant for the organization and in my personal capacity that the information provided supporting documentation is true, accurate, and complete. | ided in this Application for Funding and any | | | | | |
| 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) | | | | | |
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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 1, Section 1C, Question 36 – continued: insert the rest of your answer here.