For Official Use Only:

CSGC # _____ **RC No.** _____

Concept Application Form

Completing the form

You must read the Applicant Guide that is specific to this Call for Concepts.

You must complete all parts of the Concept Application Form, unless otherwise indicated in the Applicant Guide.

Employment and Social Development Canada (ESDC) reserves the right to refuse concept applications that are incomplete or contain errors. We recommend that you save the Concept Application Form often.

The Concept Application Form must be submitted by the closing date that is posted on the funding page. We will not accept applications received after the closing date.

This document includes the following sections:

Notice to Applicants

Part 1 – Organization

A. Organization Information

B. Organization Contact

Part 2 – Proposed Concept

A. Concept Identification

B. Concept Description

C. Priority Areas

D. Organization Capacity

Part 3 – Funding

A. Anticipated Sources of Funding

Part 4 – Attestation

How to submit the form and supporting documents

Consult the Applicant Guide for instructions on how to complete the Concept Application Form.

Once completed, send your Concept Application Form and supporting documents by email to the address posted in the Applicant Guide.

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

The completion of this Concept Application Form is voluntary. We will use this information to assess your project. We may also use or disclose your application information:

- to share information with others outside the government as a part of the review process
- to conduct policy 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, 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

After this process, the 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. Fax Number	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. Fax Number (if different from Organization Number)	

B. Organization Contact

Primary contact - This should be your primary contact person with respect to this concept application.

22. Given Name *	Surname *
23. Position Title	24. Preferred language of communication * Written: ◯ English ◯ French Spoken: ◯ English ◯ French

25. Telephone Number * Ext. (mandatory field if different from Organization Number)	26. Fax Number	27. E-mail Address

Secondary contact - This should be your secondary contact person with respect to this concept application in case we cannot reach the primary contact.

28. Given Name *	Surname *
29. Position Title	30. Preferred language of communication * Written: ◯ English ◯ French Spoken: ◯ English ◯ French

31. Telephone Number * Ext. (mandatory field if different from Organization Number)	32. Fax Number	33. E-mail Address

Part 2 - Proposed Concept

A. Concept Identification

Note: Please refer to the Applicant Guide for the period of funding for this Call for Concepts.

34. Concept Title *

35. Planned Project Start Date (yyyy-mm-dd) *	36. Planned Project End Date (yyyy-mm-dd) *

B. Concept Description

Note: Please refer to the Applicant Guide for an explanation of the objective(s) of this Call for Concepts.

37. Project Objectives (these must be clearly linked to the Call for Concept objectives to which you are applying). *

* denotes mandatory field

38. Please provide a high-level overview of the key activities of the project (the activities must be clearly linked to the Call for Concepts objectives). *

39. Please explain the expected results of the project (the expected results must be clearly linked to the project activities). *

C. Priority Areas

Note: Proposed concepts must address at least one of the priority areas of the Call for Concepts. Please refer to the Applicant Guide for detailed information on the priority areas.

40. Please describe how the proposed concept addresses the Call for Concept priority(ies):*

D. Organizational Capacity

Note: The application must explain the capacity of the organization to undertake the project. Please refer to the Applicant Guide for detailed information on organizational capacity.

41. Please describe the organization's capacity to undertake the project.

Part 3 - Funding

A. Anticipated Sources of Funding

Provide details on the funding for the proposed project**.**

Note: Please refer to the Applicant Guide for the maximum amount of funding available per fiscal year.

42. **Source Name** *	43. **Source Type** *	44. **Cash**	45. **In-kind ($ value)**
Total funding for the project			

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 Concept 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 Concept 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)