



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 [exemptions](#).

Find [instructions for accessing this information here](#). 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)	
22. Organization's Mandate *					

B. Organization Contact**Primary contact** - This should be your primary contact person with respect to this application for funding.

23. Given Name *		Surname *			
24. Position Title		25. Preferred language of communication *			
		Written: ☐ English ☐ French		Spoken: ☐ English ☐ French	
26. Organization Contact - Address *					
☐ Same as Organization Address ☐ Same as Organization Mailing Address ☐ 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 * (mandatory field if different from Organization Address)		30. Country * (mandatory field if different from Organization Address)	
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 your secondary contact person with respect to this application for funding in case we cannot reach the primary contact.

35. Given Name *		Surname *	
36. Position Title		37. Preferred language of communication *	
		Written: ☐ English ☐ French	Spoken: ☐ English ☐ French
38. Organization Contact - Address *			
☐ Same as Organization Address ☐ Same as Organization Mailing Address ☐ Different (include below)			
39. Contact Address * (mandatory field if different from Organization Address)			
40. City or Town * (mandatory field if different from Organization Address)	41. Province or Territory * (mandatory field if different from Organization Address)	42. Country * (mandatory field if different from Organization Address)	43. Postal Code * (mandatory field if different from Organization Address)
44. Telephone Number * Ext. (mandatory field if different from Organization Number)	45. Fax Number	46. E-mail Address	

C. Organizational Capacity

47. How many employees does your organization currently have?

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

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

49. Please describe how your organization has the experience and expertise to carry out the proposed project activities. *

50. 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	51. If an amount is owing, is a payment plan in place?
A.			☐ Yes ☐ No
B.			☐ 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). *

C. Project Details

58. 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:

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

If 'Yes', please describe how:

60. 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.

61. 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:

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:

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

If 'Yes', please select all that apply:

- ☐ National
- ☐ Regional
- ☐ Local

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

Part 3 - Funding**A. Anticipated Sources of Funding**

65. Source Name*	66. Source Type*	67. Cash	68. In-kind (\$ value)	69. Confirmed Cash*	Confirmed In-kind*
Accessibility Standards Canada	Federal Government				
Total Funding for the Project					

B. Budget (Please refer to Question 76 to provide additional budget information)

70. Cost Category*	71. Planned Expenditures (\$) Accessibility Standards Canada	72. Planned Expenditures (\$) Other - Cash	73. Planned Expenditures (\$) Other - In-kind
Total Planned Expenditures			

C. Budget Details

74. **Associated Businesses or Individuals:** Please check all statements below that apply to your planned expenditures of Accessibility Standards Canada funding:

- ☐ Contracts valued at \$25,000 or more are part of the planned 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

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:

76. **Further Budget Details:** Budget breakdown by fiscal year, and detailed by project activity and cost category.

Part 4 - Attestation

For your application to be eligible, the official representative who has the capacity and the authority to submit project proposals and enter into contracts and agreements for your organization must confirm these statements:

- ☐ 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 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 1, Section 1C, Question 36 – continued: insert the rest of your answer here.

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