



## Application to Identify a Knowledge Network Host and Establish a Learning and Leading for Equity Knowledge Network

## Instructions

Please read carefully the Call for Proposals Application Guide before completing this application as it contains important information. Please respond to all sections of this application including all of the requested details.

## **Deadline for Application**

This completed application form, along with all supporting materials, must be received by the Education Research and Evaluation Strategy Branch at <a href="mailto:CRO.Office@ontario.ca">CRO.Office@ontario.ca</a> no later than June 12, 2017 at 11:59p.m. EDT. Late applications will not be assessed.

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|--|--|--|--|
| Organizational Information                     |  |  |  |
| Proposed Host Organization:                    |  |  |  |
| Address (Street, City, Province, Postal Code): |  |  |  |
| Telephone Number:                              | Email:   |  |  |
| Website:                                       | Fax:   |  |  |
|  | First Nation, Métis or Inuit Organization/Communit |  |  |
| Lead contact:                                  |  |  |  |
| Name (First, Last):                            | Position:  |  |  |
| Telephone Number:                              | Email Address:                                     |  |  |
| (If applicable)                                |  |  |  |
| Proposed co-Host Organization:                 |  |  |  |
| Address (Street, City, Province, Postal Code): |  |  |  |
| Telephone Number:                              | Email:   |  |  |
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| Name (First, Last):                                | Position:  |
|--|--|
| Telephone Number:                                  | Email Address:   |
|  | ation First Nation, Métis or Inuit Organization/Community r public organizations: Please Specify |
| Do you receive any other government funding        | ?  |
| No Yes: 0 – 50,000 50,001 - 5                      | 500,000 500,001 - 1,000,000 1,000.000+   |
| (If applicable) Which ministries do you receive fu | unding from (list all):  |
|  |  |
|  |  |
| Proposed Partner Organizations (if applicable, yo  | ou may include additional partners):   |
| Organization:                                      | Letter of Support  |
| Lead Contact Name:                                 |  |
|  |  |
| Organization:                                      | Letter of Support  |
| Lead Contact Name:                                 |  |
| Organization:                                      | Letter of Support  |
|  |  |
| Lead Contact Name:                                 |  |
| Organization:                                      | Letter of Support  |
| Lead Contact Name:                                 |  |
|  |  |
| Organization:                                      | Letter of Support  |
| Lead Contact Name:                                 |  |
|  |  |
| Organization:                                      | Letter of Support  |
| Lead Contact Name:                                 | <u> </u>   |
| Organization:                                      | Letter of Support  |
| Lead Contact Name:                                 |  |

**Co-Lead contact:** 

## **Application Outline**

Your application should be organized to reflect the key components outlined in Section E of the Call for Proposals. The key components include:

- Overview of Proposed Equity Knowledge Network
- Partnerships and Collaboration
- Organizational Capacity Network Host(s)
- Knowledge Mobilization Plan
- Evaluation Approach
- Budget

Additionally, you are encouraged to refer to the criteria outlined in Section F of the Call for Proposals

Your application must adhere to the following formatting guidelines:

Pages: 25 (Max)Font face: ArialFont size: 12 point

Margins: 1-inch all aroundSpacing: Double space

Your applications should be submitted by email to <a href="mailto:CRO.Office@ontario.ca">CRO.Office@ontario.ca</a>

For any questions or concerns please contact the Education Research and Evaluation Strategy Branch at CRO.Office@ontario.ca

| Signed by: |       |
|------------|-------|
| Ciamatuma. | Data  |
| Signature: | Date: |