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| **Community Support, Multiculturalism,**  **and Anti-Racism Initiatives Program**  **Community Capacity Building component**  **General Application Form**  **INSTRUCTIONS:**   * Please complete all sections of this application form. **All fields are mandatory unless otherwise indicated.** Responses toapplication questions should be clear and concise. Once completed, send the form and all supporting documentation by e-mail to   [pch.soutienauxcommunautes-communitysupport.pch@canada.ca](mailto:pch.soutienauxcommunautes-communitysupport.pch@canada.ca)   * **Before you begin writing your application, please read the program guidelines carefully.** Your application must illustrate how your project meets the program’s objectives and the expected results as outlined in the guidelines: <https://www.canada.ca/en/canadian-heritage/services/funding/community-multiculturalism-anti-racism/community-capacity-building.html> * Incomplete applications will not be considered. A complete application includes answers to all questions, signatures, and support materials where required. | | | | | | | | |
| **Part A – Applicant Information** | | | | | | | | |
| **Legal name of your organization (as per articles of incorporation)** | | | | | | | | |
| **Primary address** | | | | | | | | |
| Street | | | | | | | | |
| City | | | | Province/Territory | | | | Postal code |
| Telephone  (   )       Extension | | | Alternate telephone number (if applicable)  (   )       Extension | | | | | Fax (if applicable)  (   ) |
| E-mail address | | Website address (if applicable) | | | | | Preferred language of communication  English  French | |
| **Mailing Address** (if different) | | | | | | | | |
| Street | | | | | | | | |
| City | | | | | Province/Territory | | | Postal code |
| **Contact Person** | | | | | | | | |
| Salutation (required)  Mr.  Ms.  Other (specify) | | | | | | | | |
| First Name | Last Name | | | | | Title | | |
| Telephone (   )       Extension | | | | | | E-mail address | | |
| **Legal Status** | | | | | | | | |
| Not-for-profit?  Yes   No  Incorporated?  Yes (Federal)  Yes (Provincial/Territorial)  No  Registered with Canada Revenue Agency as a Charitable Organization?  Yes  No  Registration Number       Date of incorporation YY-MM-DD:  Date of continuance YY-MM-DD:  Request in process  Yes  No Date applied YY-MM-DD:  On what date does your fiscal year begin? MM-DD (required)    -  Is your organization an Indigenous (First Nations, Inuit, or Métis) government, a band council or a tribal council or a not-for-profit indigenous organization?  Yes  No  **Has your organization previously received funding from PCH?**  Yes  No  **If yes, which program (s)?** | | | | | | | | |

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| **Part B – Project Information** | | | | | |
| **Project Title:** | | | | | |
| **As indicated in the budget:**  Total cost of project:$  Total amount requested for the project:$ | | | | | |
| **Planned start date of project spending YY-MM-DD**    This call for proposals is for projects of up to two years in duration and with a start date no earlier than April 1, 2021. | | | **Planned end date of project spending YY-MM-DD**    The end date of the project must not go beyond  March 31, 2023. | | |
| **Proposal** | | | | | |
| In preparing your proposal, you must provide information to address each of the following sections under the headings provided.  Your answers to the following questions will allow the Department of Canadian Heritage to assess your application. It is your responsibility to provide all required information and documents. If this information is not provided, the Department will be unable to proceed with the assessment of your application for funding. | | | | | |
| **Project Description** | | | | | |
| **1 – Describe your proposed project in a clear and concise manner, including all of the following points:**   * What you plan to do?      * Who will design your project?      * When and where the activities will take place?      * Why is the project needed?      * What is the project expected to achieve? | | | | | |
| **Links to the Program’s objectives** | | | | | |
| **2 – Please select one or more of the objectives your project aims to address:**  Support communities in confronting racism and discrimination, promoting intercultural and interfaith understanding and fostering equitable opportunities to participate fully in Canadian society;  Promote and engage in discussions on multiculturalism, diversity, racism and religious discrimination at the domestic or international levels;  Strengthen research and evidence to build understanding of the disparities and challenges faced by racialized and religious minority communities, and Indigenous Peoples. | | | | | |
| **Links to the expected results of the Community Capacity Building component** | | | | | |
| **3 – Please select one or more of the expected results your project aims to meet:**  strengthening governance and building partnerships ̶ building the capacity of organizations, and promoting collaboration between service providers;  e-capacity: building and/or strengthening the online and social media presence of eligible organizations;  establishing an overall external communication strategy;  recruitment and training of volunteers.  **Please explain how.** | | | | | |
| **Project Rationale** | | | | | |
| **4 – Provide a project rationale by answering the following questions**:   1. Why is this project needed within the organization or in the community?      1. How will the community (ies) identified benefit from the project? | | | | | |
| **Project activities** | | | | | |
| **5 – List all of your project’s planned activities and provide the information requested in each column. Please also list activities linked to the planning, the evaluation and the outreach (if applicable) of the project.** | | | | | |
| **Activity name** | **Date/Timeframe**  (YYYY-MM-DD)  to  (YYYY-MM-DD) | **Location(s) of activity**  (Cities/  Provinces) | | **Expected number of participants**  (Per activity) | **Description of activity, please include:**   1. Who will carry out the activity? 2. Who will be participating? 3. What is the goal of the activity? |
| **Example: Training** | **2020-11-05 to 2020-11-07** | **Ottawa/ Ontario** | | **10** | 1. **A consultant** 2. **All board members** 3. **The activity is for the board members to learn and be better equipped about racism and discrimination.** |
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| **Expected Results and Evaluation Plan**  *Note: Projects that will be funded through the CSMARI program will be required to track the performance of their project by conducting short surveys and using reporting templates to communicate the results of their project.* | | | | |
| **6 – A. Describe how the project will strengthen your organization’s capacity to better serve the community (ies). Be as specific as possible, and list short-term and medium-term results as applicable.**  **Example :**  **Short-term** – 50 workshop participants will gain knowledge regarding understanding and identifying racism and discrimination.  **Medium-term** – at the end of the project, the participants will be empowered to confront racism and discrimination.     1. **How will you measure whether the project has been successful in achieving its expected results?**   Example: conducting a review of organization policies six months after the end of the project to ensure that all policies include diversity and inclusion requirements. | | | | |
| **Partners Contributions** | | | | |
| **7 – List the organizations that have made a commitment to support your project as partners and describe their roles, and also indicate their contributions (cash or in-kind).**  **Please note:**  In-kind contributions are considered real contributions to the cost of the proposed activities but are not reimbursable. Donated goods and services may be considered in-kind contributions if they are: essential to your project’s success; if they would otherwise have to be purchased or paid for by the recipient; if they can be measured at fair market value (i.e., in relation to similar goods and services). | | | | |
| **Applicant Profile and Capacity** | | | | |
| **8 – Provide a description of your organization, including your mandate, and details on similar activities delivered over the past few years.** | | | | |
| **9 – Describe the organizational resources (both financial and human) that will be used for project delivery, and your organization’s access to the knowledge and skills needed to deliver the proposed project activities.**   1. Financial Resources      1. Human Resources/Governance | | | | |
| **Part C – Environmental Effects Evaluation** | | |
| The applicant shall ensure that all activities related to this application comply with all federal, provincial/territorial and municipal laws and regulations and related laws or guidelines with respect to environmental matters.  Activities to be carried out on federal lands may require an evaluation of environmental effects under *the Impact Assessment Act*, prior to the start of the proposed project. | | |
| Will the proposed project be carried out, in whole or in part, on federal lands? | Yes | No |
| **If you answered yes, you may be contacted by a program officer for additional information.** | | |

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| **Part D – Official Languages** | | |
| Canadian Heritage is committed to taking positive measures to enhance the vitality of official language minority communities (Anglophones in Quebec and Francophones outside Quebec) and to promote the use of English and French in Canadian society. | | |
| Does your organization belong to an official language minority community (Anglophones in Quebec and Francophones outside Quebec)? | Yes | No |
| Is your target audience or the communities involved in your projects composed of both English-speaking and French speaking people? | Yes | No |
| If your target audience or the communities involved in the project includes both English-speaking and French-speaking people, please indicate what measures you will undertake to communicate with both groups and to encourage each to participate in your project. Please note that costs associated with these measures are eligible to be funded through the CSMARI program. | | |

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| **Part E – Declaration** | |
| I confirm that the information in this application is accurate and complete, and that the application and budget are fairly presented. I confirm that the applicant has all the necessary authorities to undertake the proposed project, or will attain these authorities prior to the approval of Departmental support for the project. I agree that once funding is provided, any change to the proposal will require prior approval from the Department of Canadian Heritage. I agree to publicly acknowledge funding and assistance by the Department, in accordance with the contribution agreement or the grant letter. I agree to submit a final report, and where required, financial accounting for evaluation of the activities funded by the Department. I agree to provide disclosure of any involvement in the proposed project, of former public servants, subject to the Values and Ethics Code for the Public Service. I agree to provide assurances that any person lobbying on behalf of my interests as the applicant is registered pursuant to the [*Lobbying Act*](https://laws-lois.justice.gc.ca/eng/acts/l-12.4/)and that no actual and potential conflict of interest, or contingency fee arrangement exists. I commit to take measures conductive to creating a workplace free from harassment, abuse and discrimination.  By signing this application, I authorize the Department of Canadian Heritage to disclose any information received in this application within Canadian Heritage and the Government of Canada or to outside entities, subject to applicable restrictions associated with privacy, confidentiality and security for the following purposes: to reach a decision on this application, to administer and monitor the implementation of the project or programming, or to evaluate the results of the project or programming and this program after project completion. The disclosure of any information received in this application may also be used to reach a decision on any other application of the applicant for funding under any other departmental program.  In the event that the Department of Canadian Heritage considers that another source of federal funding would be compatible with your project, Canadian Heritage could share your application as well as the budget forms with other Federal Departmental programs.  In the event that an access to information request regarding the present funding application or any other information about the organization in the Department’s possession, the information provided to the Department will be treated in accordance with the *Access to Information Act* and the *Privacy Act*. Where funding is approved, however, the amount of funding, the purpose for which the funds were granted and the name of the organization receiving the funding are considered public information.  I confirm that I have the authorization to sign official documents related to this application for my group. I will act in compliance with applicable statutes, regulations, orders, standards and guidelines governing the program from which funding is being sought. | |
| **X**  Authorized Signature (required) | | Title (required) |
| Name (required) | | Date YY-MM-DD (required) |
| **Please print and sign your application.**  **IMPORTANT: If you send your application by email, you must scan the complete document, including the signature page.** | | |

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| **Part F – Unincorporated Applicant Acceptance of Liability** |
| Name of the ad-hoc committee or unincorporated organization, hereafter known as “the Applicant”:    Address of the Applicant:    Project Title:  Where the applicant is not incorporated, it is agreed that all members of the applicant group named above shall undertake to be personally, jointly, and severally liable for all obligations, covenants, promises, liabilities, and expenses arising out of the financing, which may be granted to the applicant.  **This form requires signatures of a majority of representatives.**  The unincorporated applicant must open a bank account in the name of its group (applicant’s name) (required)      . In the event that funding should be awarded by the Department of Canadian Heritage, a cheque will be issued in the applicant’s name.  We, the undersigned, are the majority representatives of the applicant. |

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| Name and Title: | Name and Title: |
| Home Address (include city, province, and postal code): | Home Address (include city, province, and postal code): |
| Signature:  **X** | Signature:  **X** |

|  |  |
| --- | --- |
| Name and Title: | Name and Title: |
| Home Address (include city, province, and postal code): | Home Address (include city, province, and postal code): |
| Signature:  **X** | Signature:  **X** |

|  |  |
| --- | --- |
| Name and Title: | Name and Title: |
| Home Address (include city, province, and postal code): | Home Address (include city, province, and postal code): |
| Signature:  **X** | Signature:  **X** |

**NOTE: The Department of Canadian Heritage will not issue any payments before receiving this form properly completed.**

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| **Part G – Application Checklist (signature required)** |

**The signed Application Checklist is a required document for a complete application.** Please check the boxes to indicate what documents you have included in your application package and include this list with your application.

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| **All applications must include:** | |
|  | TheApplication Form Parts A to E (signature required for Part E) |
|  | A balanced Budget **(no surplus or deficit)** |
|  | Part G – Application Checklist (signature required) |
| **Incorporated applicants must include:** | |
|  | A copy of your organization’s letters patent and documents of incorporation, including the certificate of continuance |
|  | A list of your Board of members |
|  | A copy of your organization’s bylaws |
|  | A copy of your most recent financial statements (audited if available) |
| **Unincorporated applicants must include:** | |
|  | A copy of your articles of association (Terms of Reference are accepted, as required document) |
|  | A copy of your most recent financial statements (audited if available) |
|  | Part F – The *Unincorporated Applicant Acceptance of Liability* form (signatures required) |

I attest that the information has been included in the application.

**X**

Authorized Signature (required)

Name (required)

Date YY-MM-DD (required)