



APPLICATION FORM WOMEN'S PROGRAM 2011-2012

PROTECTED when completed

SECTION A – INFORMATION ABOUT YOUR ORGANIZATION

1) Incorporated name of organization:

2) Former name of organization (if applicable):

3) Organization type: Not-for-profit For-profit

4) Federal or provincial/territorial incorporation number: Federal no.:
Provincial/Territorial no.:

5) Scope of organization (check only one):

- Municipal Regional
 Provincial/Territorial Inter-provincial / Inter-territorial
 National International

6) Year organization was founded:

7) In which official language do you wish to be served? English French

8) Have you received previous funding from the Women's Program?
 No Yes Most recent year:

9) Does your organization have any outstanding debts to the Government of Canada?
 Yes No
If yes, indicate amount owing and to which department/program:

SECTION B – CONTACT INFORMATION

10) Name and title of person to be contacted for additional information about the application:
 Ms. Mr. Other (specify)

Name:

Title:

Telephone (day):

E-mail:

11) Organization's contact information:

Street address:

Mailing address (if different):

Telephone:

Fax:

E-mail:

Website:

12) Name and title of person primarily responsible for your organization (chair, president of the board of directors or president of the organization):

Ms. Mr. Other (specify)

Name:

Title:

Telephone (day):

E-mail:

SECTION C – THE ORGANIZATION

Please answer the following questions in the application form and do not add supplementary information unless absolutely necessary.

13) In two lines or less, describe your organization's:

- a) Mandate:
- b) Objectives:
- c) Main activities:
- d) Membership:

14) Describe how your organization's mandate or primary line of business (if you are a for-profit organization) supports the Women's Program objective (maximum five lines) (see page 9 of *Information Guide*).

15) Describe how your organization supports the equality provisions (Section 15 and 28) of the *Canadian Charter of Rights and Freedoms* (maximum five lines) (see page 8 of *Information Guide*).

16) Not-for-profit organizations: Describe the ways in which your organization functions democratically and demonstrates good governance (maximum five lines).

17) For-profit organizations: Describe your organization's primary business and corporate structure (maximum five lines).

SECTION D – PROJECT INFORMATION

18) Project title:

19) Brief description of project (maximum 10 lines):

20) Project duration:

Start date:
YYYY-MM-DD

End date:
YYYY-MM-DD

Total number of months:

21) Total project cost:
\$

22) Amount requested from the Women's Program:
\$

23) Number of women expected to directly benefit:

24) Number of women expected to indirectly benefit:

25) Number of expected other beneficiaries (e.g., family members, community members, etc.):



SECTION E – DETAILED PROJECT PROPOSAL

26) Please attach a **Detailed Project Proposal (five pages maximum)**, a completed **Results Framework and Performance Measurement Plan** (see Annex 1) and a completed **Work Plan** (see Annex 2). In the proposal, answers to the following questions are mandatory (see **Information Guide** and **Glossary of Key Terms** for further assistance).

1. Context

- a) What is the issue/need to be addressed? Provide information that demonstrates your understanding of the issue/need.
- b) How have you identified this issue/need in your own community/region or nationwide?
- c) How does the proposed project differ from your on-going programming or services?

Please answer if applicable:

- If this is another phase of a project previously funded by either the Women's Program or another funding source, what was achieved in the previous phase, and how does this proposal build on and differ from the previous project?

2. Justification

- d) Indicate why this project is important and why the Women's Program should fund it.
- e) Describe how the elements of the project support the Women's Program objective and priority issue(s).
- f) Provide information about other local/regional/provincial/national efforts that address this same issue/need and how the project will complement these efforts.

Please answer if applicable:

- If the proposed project falls within the jurisdiction of other funding sources, including federal or other levels of government, provide a rationale for Status of Women Canada's financial assistance.
- If the proposed project is part of work that your organization has been mandated to carry out by a government (federal, provincial, territorial or municipal), please justify the request for funding from SWC.

3. Management

- g) Provide detailed information about the population of women your project will assist.
- h) How will the project involve the women affected by the issue throughout the project cycle (from planning and implementation to evaluation)?
- i) How does your organization have the relevant expertise and/or experience to carry out the project?

4. Planned Results/Outcomes

- j) What is the goal of this project?
- k) What is/are the objective(s) of this project? (One objective per project is suggested.)
- l) What are the planned short-term results of your project? What are the planned medium-term results of your project?
- m) Describe how and with whom you plan to share the results of your project, or how you plan to ensure that others benefit from the knowledge, skills or tools resulting from your project.

5. Monitoring and Evaluation

- n) How will you monitor and evaluate your project throughout its life cycle?



SECTION F – BUDGET

Please complete and attach the budget template (Annex III).

See Section 8 of the **Information Guide** for more detailed information concerning eligible budget categories and funding levels.

27) Have you identified funding partners? Yes No

SECTION G – REFERENCES

28) Provide **two** references, not members of your organization, that we can consult about this project and your organization. (See **Information Guide** for examples of appropriate references.)

First reference

- a) Name:
- b) Title:
- c) Organization:
- d) Telephone number:

Second reference

- a) Name:
- b) Title:
- c) Organization:
- d) Telephone number:

SECTION H – REQUIRED SUPPORTING DOCUMENTATION

Please provide the following supporting documentation:

- A copy of your organization's most recent ANNUAL REPORT
- A copy of your organization's most recent FINANCIAL STATEMENTS
- A list of BOARD MEMBERS and their contact information
- A copy of your organization's CERTIFICATE OF INCORPORATION
- LETTERS OF SUPPORT from confirmed and/or potential partners

SECTION I – DECLARATION AND UNDERTAKING

I am the legal signing authority for this organization. I affirm that this application and the attached documents are accurate and complete. I agree that once funding is provided, any changes to the proposal will require the approval of Status of Women Canada. I agree to publicly acknowledge funding and assistance from the Women's Program and will permit Status of Women Canada to make public relevant information relating to this funding application. I also agree to submit reports as required by Status of Women Canada. I understand that, following the appropriate review process, the information provided in this application may be accessible under the *Access to Information Act*, and that this application may be shared with other potential funders for consultation purposes. I also agree to respect the spirit and intent of the *Official Languages Act* and other various acts governing the programs of Status of Women Canada.

Signature of legal signing authority	Date (YYYY-MM-DD)
Print name in block letters	Print title in block letters

ANNEX I – RESULTS FRAMEWORK AND PERFORMANCE MEASUREMENT PLAN

Project Title:		Project Budget:	
		Project Duration:	
Project Goal:			
Project Objective:			
Women's Program Planned Outcomes:			
<input type="checkbox"/> Increased awareness among women in identifying and/or removing barriers to their participation in their communities <input type="checkbox"/> Increased participation of women in their communities			
Planned Results			
Activities:	Outputs:	Short-Term Result(s):	Medium-Term Result(s):
Performance Measurement			
	Short-Term Performance Indicators		Medium-Term Performance Indicators
	Data Collection Methodology (Data sources, data collection methods, frequency of data collection, responsibility for data collection)		Data Collection Methodology (Data sources, data collection methods, frequency of data collection, responsibility for data collection)
Risks and Plan to Address Risks			
Risks		Plan to Address Risks	

ANNEX II – WORK PLAN TABLE

Project Title:				
Inputs	Activities (Key actions to be taken)	Outputs	Direct Beneficiaries	Timelines
<i>Financial and non-financial resources</i>	<i>Detailed description of each project activity</i>	<i>Description of each output to be produced. Each activity should have a corresponding output</i>	<i>Estimated number of beneficiaries (e.g., by age group, urban/rural, population, etc.)</i>	<i>Indicate the duration and approximate dates for implementing this activity</i>

ANNEX III - BUDGET

CUMULATIVE

PLEASE NOTE:

For a project of 18 months or less, please complete only the cumulative budget and sources of revenue for the entire project.

For a multi-year project (more than 18 months), complete a budget for each year of the project as well as a cumulative budget and sources of revenue for the entire project.

Budget Items	Total Expenses	Amount Requested	Reserved for SWC use only	Detailed description of each budget item requested from the Women's Program
Travel	\$	\$	\$	
Salaries and benefits	\$	\$	\$	
Honoraria and professional fees	\$	\$	\$	
Facilities	\$	\$	\$	
Office equipment	\$	\$	\$	
Materials and supplies	\$	\$	\$	
Publicity and promotion	\$	\$	\$	
Other (specify)	\$	\$	\$	
TOTAL EXPENSES	\$0.00	\$0.00	\$0.00	

Sources of Revenue	Amount
Financial contribution requested from Status of Women Canada	\$
Financial contribution from applicant organization	\$
Financial contribution from other federal programs (provide name of funder, funding program and amount confirmed/anticipated)	\$
Financial contribution from provincial/territorial programs (provide name of funder, funding program and amount confirmed/anticipated)	\$
Financial contribution from municipal programs (provide name of funder, funding program and amount confirmed/anticipated)	\$
Financial contribution from private or corporate donor (provide name of funder and amount confirmed/anticipated)	\$
Total Financial Contributions:	\$ 0
In-kind contribution from applicant organization	\$
In-kind contributions from external sources (provide name of donor and estimated value of contribution)	\$
Total In-kind Contributions:	\$ 0
Other (provide details)	\$
TOTAL REVENUE	\$ 0

ANNEX III – BUDGET

1st Year 2nd Year 3rd Year

PLEASE NOTE:

For a project of less than 18 months, please complete only the cumulative budget and sources of revenue (page 10 of this document) for the entire project.

For a multi-year project (more than 18 months), complete a budget for each year of the project as well as a cumulative budget and sources of revenue for the entire project.

Budget Items	Total Expenses	Amount Requested	Reserved for SWC use only	Detailed description of each budget item requested from the Women's Program
Travel	\$	\$	\$	
Salaries and benefits	\$	\$	\$	
Honoraria and professional fees	\$	\$	\$	
Facilities	\$	\$	\$	
Office equipment	\$	\$	\$	
Materials and supplies	\$	\$	\$	
Publicity and promotion	\$	\$	\$	
Other (specify)	\$	\$	\$	
TOTAL EXPENSES	\$ 0.00	\$ 0.00	\$ 0.00	

ANNEX III - BUDGET

1st Year 2nd Year 3rd Year

PLEASE NOTE:

For a project of 18 months or less, please complete only the cumulative budget and sources of revenue (page 10 of this document) for the entire project.

For a multi-year project (more than 18 months), complete a budget for each year of the project as well as a cumulative budget and sources of revenue for the entire project.

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Facilities	\$	\$	\$	
Office equipment	\$	\$	\$	
Materials and supplies	\$	\$	\$	
Publicity and promotion	\$	\$	\$	
Other (specify)	\$	\$	\$	
TOTAL EXPENSES	\$ 0.00	\$ 0.00	\$ 0.00	

ANNEX III - BUDGET

1st Year 2nd Year 3rd Year

PLEASE NOTE:

For a project of 18 months or less, please complete only the cumulative budget and sources of revenue (page 10 of this document) for the entire project.

For a multi-year project (more than 18 months), complete a budget for each year of the project as well as a cumulative budget and sources of revenue for the entire project.

Budget Items	Total Expenses	Amount Requested	Reserved for SWC use only	Detailed description of each budget item requested from the Women's Program
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Salaries and benefits	\$	\$	\$	
Honoraria and professional fees	\$	\$	\$	
Facilities	\$	\$	\$	
Office equipment	\$	\$	\$	
Materials and supplies	\$	\$	\$	
Publicity and promotion	\$	\$	\$	
Other (specify)	\$	\$	\$	
TOTAL EXPENSES	\$ 0.00	\$ 0.00	\$ 0.00	

APPLICATION FORM CHECKLIST

Application Form

- Have you completed in full and attached the **APPLICATION FORM**?
- Was Section I of the form **SIGNED** by the legal signing authority?
- Will the person listed in box 10 be available if additional information is required?

Proposal

- Have you attached your DETAILED PROJECT **PROPOSAL** (not to exceed five pages)?
- Have you completed in full and attached the **RESULTS FRAMEWORK AND PERFORMANCE MEASUREMENT PLAN**?
- Have you completed in full and attached a detailed **WORK PLAN**?
- Have you completed in full and attached a detailed **BUDGET**? (Please ensure that all budget information balances and is consistent throughout all documents)
- For multi-year projects (over 18 months), have you completed in full and attached a **CUMULATIVE BUDGET** for the duration of the project as well as budgets for each year of the project?
- Have you included all **IN-KIND CONTRIBUTIONS** at reasonable commercial market values?
- Have you included an ELECTRONIC VERSION of the application form, proposal, logic framework and performance measurement plan, work plan table, budget sheet(s) and funding application checklist, on flash drive, CD or by email?

Supporting Documents

- Have you attached a copy of your organization's most recent **ANNUAL REPORT**?
- Have you attached a copy of your organization's most recent **FINANCIAL STATEMENTS**?
- Have you attached a list of **BOARD MEMBERS** and their contact information?
- Have you attached a copy of your organization's **CERTIFICATE OF INCORPORATION**?
- If applicable, include **LETTERS OF SUPPORT** from confirmed and/or potential partners.