



COMMUNITY ENGAGEMENT PARTNERSHIP FUND APPLICATION FORM

Application Checklist

Please put a check mark beside each document you enclose and include this sheet with your application.

Your application must include:

- A signed original of your application
- Details of project budget, quotes, current and future funding as specified in Part D
- Outline, excerpt, or example of previous work
- Letters of Support (if applicable)
- Copy of registered charitable organization status (if applicable)
- Other - please specify

Instructions:

- If you need assistance with your application, please contact your local Veterans Affairs Canada (VAC) office.
- Fill out all sections of the application form, sign and date it.
- Ensure budget information is complete and calculated correctly.
- Send your completed application to your local VAC office at least three (3) months in advance of the beginning of the proposed project to allow for processing and notification of funding.
- If you do not have enough space to complete a question, please attach a separate sheet.
- Initial all corrections you make.
- Keep a copy of your application for your records.



Community Engagement Partnership Fund Application Form

Protected when completed.

Part A - Applicant Organization - Contact Information *(please print)*

Name of Organization:		Organization's status: <input type="checkbox"/> profit <input type="checkbox"/> non-profit	
		Registered Charitable Number:	
		GST Number:	
Name of Contact Person:		Title:	
Name of person(s) authorized by by-laws or constitution of the organization to sign financial agreements:		Title:	
Preferred language of communications: <input type="checkbox"/> English <input type="checkbox"/> French	Telephone/Cell Phone No.: ()	Facsimile No.: ()	
Mailing Address:		City:	
Province or Territory:	Postal Code:	E-mail Address:	

Organization's Web site (if applicable):

Part B - Applicant Organization - Mandate/History *(please print)*

Brief description of organization's mandate/objectives:

Has your organization previously received partnership funding from VAC? Yes No

If yes, please explain:

Date of Project:

Contribution Amount:

Brief Description of the Funded Project:

Has your organization successfully completed other commemorative projects? If yes, please explain:

Former Public Servants/Public Officer Holder Question on Conflict of Interest

Please disclose the involvement of any former public servant/public office holder involved with this project who are under the Conflict of Interest Act.

Does your organization employ, or have as a board member, a current or former public servant/public office holder who has left the federal government in the last twelve months? Yes No

If yes, please explain:

Part C - Project Information (please print)

Title of Project:

Location of Project:

Nature of Project:

- | | |
|---|--|
| <input type="checkbox"/> Educational initiative/product | <input type="checkbox"/> Canadian Forces (CF) Veterans activity |
| <input type="checkbox"/> Commemorative event | <input type="checkbox"/> Community/public awareness event/activity |
| <input type="checkbox"/> Youth activity | <input type="checkbox"/> Other (please specify) _____ |

Description of the project (activities and objectives): Provide as much detail as possible.
(If more space is required, submit the information on a separate sheet.)

Anticipated time frame for the delivery of the project:

*** Please note that projects that have been completed or have already occurred prior to submission of an application are not eligible for funding.**

Estimated project start date:
(yyyy-mm-dd)

Estimated project completion date:
(yyyy-mm-dd)

Date of event (if applicable):
(yyyy-mm-dd)

Description of how the project is commemorative in nature and/or promotes remembrance in Canada:

Target audience/attendees:

Is your event for a general audience or a specific group?

If it is for a specific group, please indicate which group: (youth, Canadian Forces, Veterans, etc.)

Number of Veterans expected to attend:

Number of youth expected to attend:

Number of participants expected to attend (i.e., total in attendance):

Part C - Project Information - continued (please print)

Indicate if any officials or dignitaries have been invited to the event (if applicable):

Official languages component of target audience/attendees:

English only

French only

Bilingual

If bilingual, how will your project meet the language needs of the two linguistic communities? (i.e., What measures will be taken to communicate and provide project related services in both official languages?)

Description of how the project engages youth and/or Veterans, if applicable:

What are the planned outcomes of the project? (What does this project hope to accomplish?)

Description of how the success of the project will be measured:

How will this activity be promoted? (Please outline how your organization will ensure that the event is well publicized and/or known throughout the community to be well attended.)

Involvement of other departments/organizations: (e.g., Canadian Heritage; Parks Canada; federal, provincial, municipal or private organizations.)

Part D - Project Budget to complete: please see sample budget. (please print)

A - PLANNED EXPENDITURES What is the total cost of your project? <ul style="list-style-type: none"> - Itemize and list costs; - Include all expenditures related to the project, including estimates if actual costs are not available; - Eligible costs are those directly associated with the proposed activity; - Please note, some costs are not eligible for funding (i.e., costs associated with permanent or ongoing operations of the organization and capital expenditures). 	B - ANTICIPATED REVENUE Indicate in the table below the source of revenue you have secured/enlisted for this project; <ul style="list-style-type: none"> - Financial support from other organizations, federal departments and agencies (excluding the funding requested from VAC), and municipal and provincial/territorial governments; - Donations in-kind (itemize and list estimated donations); - Your own funding. <p>* If more space is required, submit the information on a separate document.</p>
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Planned Expenditures	Amount	Government of Canada support (other than VAC)	Amount
	\$		\$
	\$	Provincial/municipal government support	
	\$		\$
	\$	Private sector support	
	\$		\$
	\$		\$
	\$	Donations	
	\$		\$
	\$		\$
	\$	Fund-raising	
	\$		\$
	\$	Applicant's own funding	
	\$		\$
	\$	In-kind support (i.e., volunteers' time and skills or discounts/products provided by businesses)	
	\$		\$
	\$	Other (please specify)	
	\$		\$
	\$	TOTAL ANTICIPATED REVENUE (B)	
	\$	(Please note, if total revenue is sufficient to cover or exceeds expenditures, VAC is unable to fund the project.)	
	\$		\$
	\$	C - FUNDING REQUESTED	
	\$	Total planned expenditures (A)	\$
	\$	Minus total anticipated revenue (B)	\$
	\$	FUNDING REQUIRED (C)	\$
TOTAL PLANNED EXPENDITURES (A)	\$	Funding requested from VAC (If there is a shortfall, please explain how the remaining funds will be secured.)	\$

Part D - Project Budget to complete: continued - (please print)

Important Reminder: Capital costs, equipment purchases and ongoing operation costs are not eligible for support.	List specific project costs/items to be paid for by VAC funding:	
		Amount
		\$
		\$
		\$
		\$
		\$
		\$
	TOTAL FUNDING REQUESTED (C)	\$

Part E - Affirmation and Authorization

I AFFIRM THAT, on behalf of the organization, the information in this application is accurate and complete, and that the project proposal, including plans and budgets, is fairly presented. I am aware that giving false and misleading information is a serious offence. I agree that once funding is provided, any change to the project proposal will require prior approval of the Department. I agree to publicly acknowledge funding and assistance by the Department. I also agree to submit a final report, and where required, financial accounting for evaluation of the activity funded by the Department. I understand that the information provided in this application may be accessible under the *Access to Information Act*. I also agree to respect the spirit and intent of the various acts governing the programs of Veterans Affairs Canada.

SIGNATURE:

Signature of contact person Name and title (please print) Date

Please note incomplete applications may delay processing and/or result in a denied application.

The information you provide is collected under the authority of the *Department of Veterans Affairs Act*, Section 4, for the purpose of confirming eligibility for funding under the Community Engagement Partnership Fund. It is protected from unauthorised disclosure by the *Privacy Act* and subject to Proactive Disclosure on the awarding of grants and contributions over \$25,000. You may request a copy of the Access to Information Request (TB 350-57) form by writing to the Access to Information and Privacy Coordinator's Office, Veterans Affairs Canada, PO Box 7700, Charlottetown, PE, C1A 8M9 and quoting Program Record Number VAC MVA 010.

Do not write in shaded area - For office use only**Date received:****CCM No.:**