



## Funding Request Summary: General Information and Instructions

ORGANIZATION INFORMATION				
Full legal name of applicant organization:				
If operating under a different name, identify the name:				
Mailing address: Including suite, unit, Apt #'s				
Mailing address line 2:				
Mailing address line 3:				
City:		Province / State:		Postal / Zip Code:
Country :		Telephone:		Facsimile:
Email address:			Website address:	
Business number:		If alternate number is used, indicate the type:		
Organization type:  Select one.	<input type="checkbox"/> Association	<input type="checkbox"/> Government, Provincial	<input type="checkbox"/> Society	<input type="checkbox"/> University / School
	<input type="checkbox"/> Government, Municipal	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust	
	<input type="checkbox"/> Government, Other body	<input type="checkbox"/> Sole proprietor	<input type="checkbox"/> Union	
	<input type="checkbox"/> Other (specify organization type):			

CORPORATE STATUS				
<input type="checkbox"/> Not for profit	<input type="checkbox"/> For profit	<input type="checkbox"/> Incorporated federally	<input type="checkbox"/> Incorporated provincially in the province of	
If incorporated, provide the date of incorporation:				

CONTACT PERSON				
Salutation:	First name:	Last name:	Title:	
Email address:	Telephone:	Cellular:		

PROJECT INFORMATION				
Project title:				
<input type="checkbox"/> Project address is the same as mailing address (If checked, leave project address below blank.)				
Project address: Including suite, unit, Apt #'s				
Project address line 2:				
Project address line 3:				
City:		Province:		Postal code:
Proposed project start date:			Proposed project end date:	
Total project costs:			WD funding requested:	
<b>Other source of proposed funding:</b>			<b>Committed</b>	<b>Amount</b>
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	

PROPOSAL SUMMARY
If not already provided, please attach a one to two page summary of the proposal. It is strongly recommended that you read the general requirements for proposals at <a href="http://www.wd-deo.gc.ca/eng/10430.asp">www.wd-deo.gc.ca/eng/10430.asp</a> before filing this application. Once this Funding Request Summary and your Proposal Summary are received, a WD official will be in touch with you within 12 business days. If the project fits with departmental priorities, a more detailed proposal may be required at a later date.

WD OFFICE USE ONLY	
Reference number:	
Date :	

**Applicant Acknowledgements:**

On behalf of the Applicant Organization, I hereby acknowledge and agree that:

- This funding request and the attached proposal summary do not constitute a commitment from Western Economic Diversification Canada (WD) for financial assistance.
- Project costs incurred by the Applicant Organization in the absence of a signed funding agreement with WD are **incurred at the sole risk** of the Applicant Organization and that any such costs may not be considered eligible for WD assistance.
- Any person who has been lobbying on behalf of the Applicant Organization to obtain a contribution as a result of this application is registered pursuant to the *Lobbyists Registration Act* and was registered pursuant to that Act at the time the lobbying occurred.
- The Applicant Organization has not, nor has any other person, corporation or organization, directly or indirectly paid or agreed to pay any person to solicit a contribution arising as a result of this application for a commission, contingency fee or any other consideration dependent on the execution of an Agreement or the payment of any contribution arising as a result of this application.
- The information provided by the applicant on this application and in all supporting documentation is collected under the authority of the *Western Economic Diversification Act*. This information will be treated in accordance with that Act and with the *Access to Information Act* and the *Privacy Act*. These laws govern, protect and limit the collection, use and disclosure of personal and confidential information by federal government departments and agencies. Information provided to WD is secured from unauthorized disclosure and use. WD acknowledges an individual's rights to privacy of their information, and personal information provided on this application is described in the *Personal Information Bank* entitled "*Grants and Contributions (G&Cs) Programs*", number *WED-PPU-055*.

For further information about WD's information holdings and your rights under the *Access to Information Act* and *Privacy Act*, consult the Government of Canada's Info Source publication at [www.infosource.gc.ca/](http://www.infosource.gc.ca/).

- I authorize WD, its officials, employees, agents and contractors to make enquiries of such persons, firms, corporations, federal, provincial and municipal government departments/ agencies, and non-profit, economic development or other organizations as may be appropriate, and to collect and share information with them, as WD deems necessary in order to assess this application, to administer and monitor the implementation of the subject project, and to evaluate the results of the project and related Programs.

AUTHORIZED OFFICIAL OF THE APPLICANT ORGANIZATION ACKNOWLEDGEMENTS			
<input type="checkbox"/> I have read and agree with the Applicant Acknowledgements.			
Name:		Title:	
Signature :		Date :	

**GENERAL INFORMATION**

Before submitting a funding request, it is strongly recommended that you contact the nearest WD office. Contact information is available at [www.wd.gc.ca/eng/10318.asp](http://www.wd.gc.ca/eng/10318.asp). It is also recommended you review WD's priorities at [www.wd.gc.ca/eng/59.asp](http://www.wd.gc.ca/eng/59.asp) to ensure the funding request fits within WD priorities.

The Funding Request Summary form must be completed in full, and includes an attached one to two page summary of the proposal, as indicated in the "Proposal Summary" section of the form. Further information on the one to two page proposal is available online at [www.wd-deo.gc.ca/eng/10430.asp](http://www.wd-deo.gc.ca/eng/10430.asp).

## INSTRUCTIONS

Enter the required information in the space provided. Definitions of the requirements are below:

### ORGANIZATION INFORMATION

**Full legal name of applicant organization:** The legal name as shown on the certificate of incorporation / registration.

**If operating under a different name, please specify:** Provide the name the applicant organization is operating under if different from the Full Legal Name of Applicant Organization.

**Mailing address:** The mailing address of the applicant organization. The first line should contain Suite, Unit, and Apartment Numbers.

**Mailing address line 2:** Additional space to provide the mailing address.

**Mailing address line 3:** Additional space to provide the mailing address.

**City:** The city portion of the applicant organization's mailing address.

**Province / State:** The Province / State portion of the applicant organization's mailing address.

**Postal / Zip Code:** The Postal / Zip Code portion of the applicant organization's mailing address.

**Country:** The country Portion of the mailing address.

**Telephone:** The telephone number at which the applicant organization can be contacted.

**Facsimile:** The facsimile number at which the applicant organization will receive faxes.

**Email:** the primary email at which the applicant organization can be contacted.

**Website address:** (if available) the organizations website address.

**Business number (BN):** The unique Business Number assigned to the applicant organization by the Canada Revenue Agency.

- 1) Recognizing the BN
  - a) The Business Number consists of 15 characters: 9 digits, 2 letters, and 4 more digits. For example 123456789 RT 1234.
  - b) Further information about the Business Number: [www.cra-arc.gc.ca/tx/bsnss/tpcs/bn-ne/menu-eng.html](http://www.cra-arc.gc.ca/tx/bsnss/tpcs/bn-ne/menu-eng.html)
- 2) Obtaining a BN
  - a) A Business Number must be obtained through the Canada Revenue Agency.
  - b) Information on **obtaining a business number:** [www.cra-arc.gc.ca/tx/bsnss/tpcs/bn-ne/rgstr/menu-eng.html](http://www.cra-arc.gc.ca/tx/bsnss/tpcs/bn-ne/rgstr/menu-eng.html)
- 3) Alternate number
  - a) In the **special circumstance** that the applicant organization is unable to obtain / does not require a business number, an alternate **unique** identification number may be used. (E.g., a First Nations Band Number (3 digits), or a university.
  - b) If an alternate number is used, put it in the spaces provided for the Business Number, and indicate the type in the space provided.

**Organization Type:** Select one organization type that best describes your organization.

### CORPORATE STATUS

Corporate Status indicates the legal corporate status and type of the applicant organization. Check **all** boxes that apply.

**Incorporated:** If incorporated, indicate the date incorporated in the space provided. If incorporated provincially, indicate the province of incorporation in the space provided.

**For profit:** An organization which operates with the intent of returning a profit to its shareholders.

**Not for profit:** An incorporated organization which exists for educational or charitable reasons, and from which its members, employees, shareholders, or trustees do not benefit financially.

### CONTACT PERSON

Provide the name and title of the member of the authorized contact person for the proposed project. Provide an email address, telephone and cellular number where the contact person can be contacted.

### PROJECT INFORMATION

**Project address line 1:** The location at which the project will take place. The first line should contain Suite, Unit, and Apartment Numbers.

**Project address line 2:** Additional space to provide the project address.

**Project address line 3:** Additional space to provide the project address.

**City:** The city portion of the project address.

**Province:** The Province portion of the project address.

**Postal Code:** The Postal Code portion of the project address.

**Proposed project start date:** The date it is anticipated project activity will commence.

**Proposed project end date:** The date it is anticipated project activity will cease.

**WD Funding Requested:** The amount of funding requested from WD in the project proposal.

**Total Project Costs:** Enter the cost of the entire project – not just the portion that WD may be funding.

**Other sources of proposed funding:** Identify **all** potential sources of funding, and indicate the proposed funding amount. If the funds are already committed, check yes.

### PROPOSAL SUMMARY

Attach (if not already provided) a one to two page summary of the proposal. Further information on the general requirements for proposals is available at: [www.wd-deo.gc.ca/eng/10430.asp](http://www.wd-deo.gc.ca/eng/10430.asp). If a full proposal has already been completed, you may include this instead of a proposal summary. (That is, you are not required to create an additional one to two page summary.)

### AUTHORIZED OFFICIAL OF THE APPLICANT ORGANIZATION ACKNOWLEDGEMENTS

After reading and understanding the section, check the yes checkbox, and fill in the required information, sign, and date. Information required is detailed below:

- **Name and title of authorized official of the applicant organization:** fill in the name and title of the member of the organization with signing power / the authority to enter into an agreement. (*This person may be different from the contact person.*)
- **Signature:** This is where the Authorized Official of the Applicant Organization signs
- **Date:** The Authorized Official of the Applicant Organization enters the date at which he/she signed the document

For additional information, please contact the nearest regional WD office. Contact information is available at [www.wd.gc.ca/eng/10318.asp](http://www.wd.gc.ca/eng/10318.asp).

### WD OFFICE USE ONLY

Do not enter any information in this area. It is for internal WD office use.