



For Official Use Only:

CSGC # \_\_\_\_\_ RC No. \_\_\_\_\_

**Program:** \_\_\_\_\_

(name of program to which you are applying for funding)

## Age Well at Home – Scaling Up Application for Funding

### Completing the form

This is a standard form used by multiple programs at Employment and Social Development Canada (ESDC).

You must read the Applicant Guide that is specific to the program to which you are applying. Each funding program may have unique mandatory questions, specific eligibility requirements, priorities, or supporting documents to submit with the completed Application Form.

Unless otherwise indicated in the Applicant Guide or on this form, you must complete all parts of the Application Form. ESDC may refuse applications that are incomplete or contain errors. We will contact you to request any mandatory information if it is missing from your application form.

If a closing date is posted, you must submit your Application Form by that date. We will not accept applications received after a closing date.

This document includes the following sections:

#### Notice to Applicants

##### Part 1 – Organization

- A. Organization
- B. Organization Contact Info
- C. Organization Capacity

##### Part 2 – Project Proposal

- A. Project Identification
- B. Project Description
- C. Project Details

##### Part 3 – Funding

- A. Anticipated Sources of Funding
- B. Budget
- C. Budget Details

##### Part 4 – Program Specific Questions

##### Part 5 – Attestation

##### Appendix A

### How to submit the form and supporting documents

Consult the Applicant Guide for instructions on how to submit your application and supporting documents.

## Notice to Applicants

### Attestation

In order for your application to be eligible, you must have the authority:

- to submit project proposals for the applicant organization
- to enter into contracts and agreements on behalf of this organization
- to certify that the information in the application form is true, accurate and complete

You must provide:

- your name
- your title
- the date

No signature is required.

### Information in the form and supporting documents

The completion of this application form and provision of supporting documents is voluntary. Should you apply, note that there are some fields in the application form that are mandatory and required in order to submit a completed application. Please refer to the Applicant Guide for instructions.

We may also use or disclose your application information:

- to share information with others outside the government as a part of the review process
- for policy analysis and research analysis

Note that these additional uses or disclosures of your personal information will not affect your relationship with this department or any other government organization.

### Personal information

We ensure to manage personal information according:

- to the [Department of Employment and Social Development Act](#)
- to the [Privacy Act](#)
- other applicable laws

You have the right:

- to protect your personal information
- to access or change your personal information

If you have privacy concerns contact the [Office of the Privacy Commissioner of Canada](#).

### Access to information

Basic information on successful applications will be available on [Open Government](#).

Your application is also subject to the Access to Information Act (ATIA). The ATIA gives every person a right to access information under the department's control, except for some [exemptions](#).

Find [instructions for accessing this information](#). You can also visit a Service Canada Centre.



**Part 1 - Organization**

<b>A. Organization Information</b>					
1. Legal Name *		2. Operating (Common) Name * (mandatory field if different from legal name)		3. Business or Registration Number *	
4. Organization Type *		5. Organization Category *		6. Year Established *	
7. Organization Address *					
8. City or Town *		9. Province or Territory *		10. Country *	
11. Postal Code *					
12. Telephone Number * Ext.		13. Fax Number		14. E-mail Address *	
15. Mailing Address * (mandatory field if different from Organization Address)					
16. City or Town * (mandatory field if different from Organization Address)		17. Province or Territory * (mandatory field if different from Organization Address)		18. Country * (mandatory field if different from Organization Address)	
19. Postal Code * (mandatory field if different from Organization Address)					
20. Telephone Number * Ext. (mandatory field if different from Organization Number)				21. Fax Number (if different from Organization Number)	
22. Organization's Mandate *					

Select the target group(s) that best aligns with your organization's primary activities (more than one may be selected).

Note: your answer to this question will not impact the assessment of your proposed project. (Optional)

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Select all groups    | <input type="checkbox"/> Newcomers                             | <input type="checkbox"/> Visible Minorities                     | <input type="checkbox"/> Youth                |
| <input type="checkbox"/> Seniors              | <input type="checkbox"/> LGBTQ2                                | <input type="checkbox"/> People with Disabilities               | <input type="checkbox"/> Low Income           |
| <input type="checkbox"/> Women                | <input type="checkbox"/> Individuals Experiencing Homelessness | <input type="checkbox"/> Official Language Minority Communities |   |
| <input type="checkbox"/> Remote / Rural       |  |   |   |
| <input type="checkbox"/> Indigenous (specify) |  |   |   |
| <input type="checkbox"/> First Nations        | <input type="checkbox"/> Inuit                                 | <input type="checkbox"/> Metis                                  | <input type="checkbox"/> Urban/Non Affiliated |
| <input type="checkbox"/> Other (specify)      | <input type="text"/>   |   |   |
| <input type="checkbox"/> Not Applicable       |  |   |   |

<b>B. Organization Contact</b>			
<b>Primary contact - This should be your primary contact person with respect to this application for funding.</b>			
23. Given Name *		Surname *	
24. Position Title		25. Preferred language of communication * Written: <input type="radio"/> English <input type="radio"/> French   Spoken: <input type="radio"/> English <input type="radio"/> French	
26. Organization Contact - Address * <input type="radio"/> Same as Organization Address <input type="radio"/> Same as Organization Mailing Address <input type="radio"/> Different (include below)			
27. Contact Address * (mandatory field if different from Organization Address)			
28. City or Town * (mandatory field if different from Organization Address)	29. Province or Territory * (mandatory field if different from Organization Address)	30. Country * (mandatory field if different from Organization Address)	31. Postal Code * (mandatory field if different from Organization Address)
32. Telephone Number * Ext. (mandatory field if different from Organization Number)	33. Fax Number	34. E-mail Address	
<b>Secondary contact - This should be your secondary contact person with respect to this application for funding in case we cannot reach the primary contact.</b>			
35. Given Name *		Surname *	
36. Position Title		37. Preferred language of communication * Written: <input type="radio"/> English <input type="radio"/> French   Spoken: <input type="radio"/> English <input type="radio"/> French	
38. Organization Contact - Address * <input type="radio"/> Same as Organization Address <input type="radio"/> Same as Organization Mailing Address <input type="radio"/> Different (include below)			
39. Contact Address * (mandatory field if different from Organization Address)			
40. City or Town * (mandatory field if different from Organization Address)	41. Province or Territory * (mandatory field if different from Organization Address)	42. Country * (mandatory field if different from Organization Address)	43. Postal Code * (mandatory field if different from Organization Address)
44. Telephone Number * Ext. (mandatory field if different from Organization Number)	45. Fax Number	46. E-mail Address	



**C. Organizational Capacity**

47. How many employees does your organization currently have?

48. Has your organization undergone any important transformations in the past two (2) years? \* ☐ Yes ☐ No

If 'Yes' please provide a description of the changes:

49. Please describe how your organization has the experience and expertise to carry out the proposed project activities. If applicable, please include any past experience with ESDC and the results of the project \*

\* denotes mandatory field

50. Does your organization owe any amounts to the Government of Canada? \* ☐ Yes ☐ No

If 'Yes', please complete the fields below for each amount owing:

Amount Owing	Nature of the amount owing (e.g. taxes, penalties, overpayments)	Department or agency to which amount is owed	51. If an amount is owing, is a payment plan in place?
A.			<input type="radio"/> Yes <input type="radio"/> No
B.			<input type="radio"/> Yes <input type="radio"/> No
C.			<input type="radio"/> Yes <input type="radio"/> No
D.			<input type="radio"/> Yes <input type="radio"/> No

Part 2 - Project

A. Project Identification

52. Project Title \*

53. Planned Project Start Date (yyyy-mm-dd) \*

54. Planned Project End Date (yyyy-mm-dd) \*

B. Project Description

55. Project Objectives (must be clearly linked to the objectives of the program to which you are applying). \*

56. Project Activities (must be broken down into clear steps). \*

57. Expected Results of the Project (must be clearly linked to the project objectives and be specific, concrete and measurable). \*



C. Project Details

58. Does the project include Results Measurement indicators? \* ☐ Yes ☐ No

If 'Yes', please describe how you will meet and track the expected results of the project:

59. Does this proposed project fit with your organization's other activities? \* ☐ Yes ☐ No

If 'Yes', please describe how:

60. Will any of the project activities be delivered in a different location than where your organization is located? \* ☐ Yes ☐ No

If 'Yes', please include your main address and an address for every other location where project activities will occur:

Main Address	City or Town	Province or Territory	Postal Code
A.			
Secondary Address			
City or Town			
Province or Territory			
Postal Code			
B.			
C.			
D.			
E.			

61. Is your project designed to benefit or involve people in English or French-language minority communities? \* ☐ Yes ☐ No

If 'Yes', please provide an explanation and any details on whether consultations will take place with these communities:

62. Is your project targeting vulnerable groups? \* ☐ Yes ☐ No

☐ Select all groups

☐ Seniors

☐ Newcomers

☐ Visible Minorities

☐ Youth

☐ Women

☐ LGBTQ2

☐ People with Disabilities

☐ Low Income

☐ Remote / Rural

☐ Individuals Experiencing Homelessness

☐ Official Language Minority Communities

☐ Indigenous (specify)

☐ First Nations

☐ Inuit

☐ Metis

☐ Urban/Non Affiliated

☐ Other (specify)

☐ Not Applicable

63. Will any other organizations, networks or partners be involved in carrying out the project? \* ☐ Yes ☐ No

If 'Yes', please clearly identify the role(s) and expertise they will bring to the project:

64. Does the project address the program's national, regional or local priorities? \* ☐ Yes ☐ No

If 'Yes', please select all that apply:

☐ National

☐ Regional

☐ Local

65. Does your project include activities that are listed in the Impact Assessment Agency of Canada (IAAC) [Physical Activities Regulations](#) established under the [Impact Assessment Act](#) \*\*?

Please note: Applicants need to verify if their proposed activities are listed under the above Act. Please visit the [Justice Laws Website](#) to access the [Physical Activities Regulations](#).

☐ No If, 'no', an impact assessment is not required.

☐ Yes

If 'yes', as per the Impact Assessment Act, you must submit your project description electronically to the IAAC online registry for further review. The IAAC will determine if an impact assessment is required. If required, ESDC funding will be conditional on the status and results of the impact assessment. Results are accessible on the Canadian Impact Assessment Registry website.



**Part 3 - Funding**

<b>A. Anticipated Sources of Funding * (mandatory to complete a minimum of one row)</b>					
66. Source Name	67. Source Type	68. Cash (\$)	69. In-kind (\$)	70. Confirmed Cash (\$)	Confirmed In-kind (\$)
ESDC	ESDC				
<b>Total Funding for the Project</b>					

<b>B. Budget (Please refer to Question 74 to provide additional budget information) * (mandatory to complete a minimum of one row)</b>			
71. Cost Category	72. Planned Expenditures (\$) (ESDC)	73. Planned Expenditures (\$) Other - Cash	74. Planned Expenditures (\$) Other - In-kind
<b>Total Planned Expenditures</b>			

<b>C. Budget Details</b>
<p><b>75. Associated Businesses or Individuals:</b> Please check all statements below that apply to your planned expenditures of ESDC funding:</p> <p><input type="checkbox"/> Contracts valued at \$25,000 or more are part of the planned expenditures</p> <p><input type="checkbox"/> Contracts with businesses or individuals legally associated with the applicant organization are among the planned expenditures</p> <p><input type="checkbox"/> Contracts with outside providers to manage all or part of the project activities on behalf of the applicant organization are among the planned expenditures</p>

76. **Capital Assets:** Will capital assets be among your planned expenditures with ESDC funding? \* ☐ Yes ☐ No

If yes, please explain the benefit of the purchase that are necessary to carry out the project activities:

77. **Further Budget Details:**

Part 4 - Program Specific Questions

Age Well at Home – Scaling Up
Program Specific Questions:
78 - Demonstrate how the services that you propose to scale up have shown positive results. *



Part 5 - Attestation \*

In order for your application to be eligible, an official representative who has the capacity and the authority to submit project proposals and enter into contracts and agreements on behalf of your organization must complete this section of the form. By doing so, you are attesting to the following three points:

- I have the capacity and the authority to submit this Application for Funding on behalf of the applicant organization
- I certify and warrant on behalf of the organization and in my personal capacity that the information provided in this Application for Funding and any supporting documentation is true, accurate, and complete
- I have read the Applicant Guide and understand the program's requirements

Official Representative Name (print) *	
Title (print) *	Date (YYYY-MM-DD) *
Official Representative Name (print)	
Title (print)	Date (YYYY-MM-DD)
Official Representative Name (print)	
Title (print)	Date (YYYY-MM-DD)

**Appendix A**

**Instructions:** For each block of text you include below (if any), please specify the section it is meant to continue.

*e.g. Part 1, Section 1C, Question 36 – continued: insert the rest of your answer here.*