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**Canada Community Revitalization Fund**

**APPLICATION FOR FUNDING**

IMPORTANT: [contact us](mailto:cannor.operations.cannor@canada.ca) if you have questions or require assistance.

Please read before completing your Application for Funding

* The [Application Guide](https://www.cannor.gc.ca/eng/1624043800464/1624043821115) and [Program Guidelines](https://www.cannor.gc.ca/eng/1624044641704/1624044664357) contain information about eligibility, program requirements and project parameters, as well as step-by-step guidance for completing and submitting your application. It is strongly recommended that you carefully review these documents before completing your application.

Questions with an asterisk \* are mandatory.

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| **APPLICANT INFORMATION** | | | | | | | | | | | | | |
| 1. Legal name of Applicant Organization. (as it appears in your incorporation/legal registry documents)\* | | | | | | | | | | | | | |
| Is operating name same as legal name?*\**  Yes  No | | | | | | | | | | | | | |
| 2. Operating name. (if different from legal name) | | | | | | | | | | | | | |
| 3. Type of Organization: Please select the category that most closely resembles your organization\*  *Refer to the Application Guide for additional details on eligibility and requirements*  An Indigenous governing body or organization (including not-for-profit)  A municipal, regional government, or public sector body established by or under Territory statute  A not-for-profit organization | | | | | | | | | | | | | |
| 4. Business Number:  (Provided by the Canada Revenue Agency)\* | | | | | #: | | | | | | | | |
| 5. Provide a brief description of your organization including: (maximum 1500 characters)\*   * Objectives, mandate, core activities, and/or key products and services; * Details on your organization’s structure and how it is governed (e.g. board of directors, etc.); * Number of employees; * Population to which your organization primarily provides services. | | | | | | | | | | | | | |
| 6. Applicant Mailing Address: Street, Unit Number, etc.*\** | | | | | | | | | | | | | |
| Community *\** | | Territory *\** | | | | | | Country *\**  Canada | | | | Postal Code *\** | |
| 7. Location of Project*\** | | | | | | | | | | | | | |
| Community *\** | | Territory *\** | | | | | | Country *\**  Canada | | | | Postal Code *\** | |
| 8. Organization Website | | | | | | | | | | | | | |
| 9. Official Language Preferred for Correspondence:*\**  English  French | | | | | | | | | | | | | |
| 10. Date of Incorporation/Formation  (YYYY-MM-DD):\* | | | | | | | | | | | | | |
| **AUTHORIZED ORGANIZATION CONTACT** | | | | | | | | | | | | | |
| 11. First Name *\** | | | Last Name *\** | | | Title \* | | | | | | | |
| Business/Org Telephone Number | | | Extension | | | Cellphone Number | | | | | | | |
| Email Address \* | | | | | | | | | | | | | |
|  | **PROJECT INFORMATION** | | | | | | | | | | | | |
| 12. Please provide a Project Name\*  *Please note that this information may be used by CanNor for public reporting* | | | | | | | | | | | | |
| 13. Please select a category from the following list that best describes the type of infrastructure project you are seeking funding to support: (see Application Guide for details)\*  Community centres  Cultural building (e.g. centres and museums)  Parks  Community gardens/green houses  Libraries  Recreational trails and facilities  Sports facilities  Waterfront spaces  Farmers/Country Food markets  Co-working/Multipurpose centres  Other infrastructure for public benefit. If selected, please specify: (maximum 50 characters)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |
| 14. Please provide a brief description and objective(s) of your project.  *Describe what you are looking to achieve, and how you will achieve it, including information about the infrastructure asset being impacted, and the community(ies) that the project will benefit. (maximum 1000 characters)\* Please note that this information may be used by CanNor for public reporting.* | | | | | | | | | | | | |
| 15. Estimated Start Date of Project (YYYY-MM-DD) \* | | | | | | | | | 16. Estimated End Date of Project (YYYY-MM-DD) *\** | | | |
| **17. Is your project shovel-ready? (The following questions will be used to demonstrate the degree to which the project is shovel-ready)** | | | | | | | | | | | | |
| a) Are plans and specifications of the project prepared?\*  Yes  No  N/A | | | | | | | | | Expected Date (YYYY-MM-DD)\* | | | |
| Explanation (if yes or no) (maximum 200 characters)\* | | | | | | | | | | | | |
| b) Is the project ready to accept bids for contracts?\*  Yes  No  N/A | | | | | | | | | Expected Date (YYYY-MM-DD)\* | | | |
| Explanation (if yes or no) (maximum 200 characters)\* | | | | | | | | | | | | |
| c) Have all necessary environmental approvals been secured?\*  Yes  No  N/A | | | | | | | | | Expected Date (YYYY-MM-DD)\* | | | |
| Explanation (if yes or no) (maximum 200 characters)\* | | | | | | | | | | | | |
| d) Have all necessary municipal, Territorial and federal permits and approvals been secured?\*  Yes  No  N/A | | | | | | | | | Expected Date (YYYY-MM-DD)\* | | | |
| Explanation (if yes or no) (maximum 200 characters)\* | | | | | | | | | | | | |
| e) Has construction already started? If yes, provide details on the status and clearly explain why government funding is required.\*  Yes  No  N/A | | | | | | | | | Expected Date (YY-MM-DD)\* | | | |
| Explanation (if yes or no) (maximum 200 characters)\* | | | | | | | | | | | | |
| f) Please include any details on community or stakeholder engagement that has been conducted in relation to the project\* (maximum 500 characters) | | | | | | | | | | | | |
| 18. Do you own the infrastructure asset for which the infrastructure investment is being requested? If you answer no, you must attach a signed **Applicant Declaration and Landlord Authorization form** for the project with your application.\*  Yes  No | | | | | | | | | | | | |
| 19. Is the infrastructure asset open and available for public use, and/or does it provide accessible services directly to the public?\*  Yes  No Please explain: (maximum 500 characters)\* | | | | | | | | | | | | |
| **BENEFITS & RESULTS** | | | | | | | | | | | | |
| 20. Please explain how your project demonstrates economic and/or social benefits to your community. Be sure to identify any specific areas, neighbourhoods or populations within your community that will be impacted as a result of this project. (maximum 1000 characters)\* | | | | | | | | | | | | |
|  | 21. Please explain how your project will revitalize or rejuvenate your community (or neighbourhood), bring people back to shared spaces, and maintain and promote post-COVID-19 health and safety standards and requirements. Be sure to be specific and address program objectives. (maximum 1000 characters)\* | | | | | | | | | | | | |
|  | 22. Does your project promote environmental benefits.\*  Yes  No  If yes, please explain: (e.g. reducing greenhouse gas emissions, clean energy, reducing impact on landscapes/aquatic ecosystems, improving recycling/waste management, or conserving/restoring access to natural spaces) (maximum 500 characters) | | | | | | | | | | | | |
| 23. Total number of jobs to be created as a result of the Project: \* | | | | | | | 24.Total number of jobs to be maintained as a result of the Project: \* | | | | | | |
| 25. Total number of public spaces created as a result of the Project: \* | | | | | | | 26. Total number of public spaces expanded or improved as a result of the Project: \* | | | | | | |
| **DIVERSITY & INCLUSION** | | | | | | | | | | | | | |
| 27. Inclusion is a key element of the program design. Priority may be given to projects that encourage the socioeconomic participation of underrepresented groups and take into consideration the unique challenges of rural and remote communities. In general, community projects are expected to be open to the public and meet the needs of a wide spectrum, including those of underrepresented groups. This information may also be used in aggregated statistics. | | | | | | | | | | | | | |
| **Underrepresented Groups** | | | | **If applicable, please indicate if your organization is led or majority-led by one or more of the following underrepresented groups:** | | | | | | | **If applicable, please indicate if your project includes or supports one or more of the following underrepresented groups:** | | |
| Women | | | |  | | | | | | |  | | |
| Indigenous Peoples (First Nations) | | | |  | | | | | | |  | | |
| Indigenous Peoples (Inuit) | | | |  | | | | | | |  | | |
| Indigenous Peoples (Metis) | | | |  | | | | | | |  | | |
| French Language Minority Communities | | | |  | | | | | | |  | | |
| Youth (30 years or less) | | | |  | | | | | | |  | | |
| Persons with Disabilities | | | |  | | | | | | |  | | |
| Newcomers to Canada | | | |  | | | | | | |  | | |
| Black Communities | | | |  | | | | | | |  | | |
| Other Racialized Communities | | | |  | | | | | | |  | | |
| LGBTQ2S | | | |  | | | | | | |  | | |
| Others (list) | | | |  | | | | | | |  | | |
| Please explain, if applicable, any benefits and impacts your project will have on underrepresented groups. (maximum 500 characters) | | | | | | | | | | | | | |
| 28. Will your project remove barriers and improve accessibility for persons with disabilities? (e.g., installation of accessible entrances, power assisted door openers, elevators, accessible washrooms, visible and audible alarm systems, and signage with large print, high contrast lettering, and Braille, etc.)\*  Yes  No  If yes, please explain: (maximum 500 characters) | | | | | | | | | | | | | |
| **PROJECT WORK PLAN AND TIMELINE** | | | | | | | | | | | | | |
| 29. Project Work Plan and Timeline: Identify all key project activities and their expected start and end dates. | | | | | | | | | | | | | |
| Project Activity and Output (result) | | | | | | | | | Start Date | | | | Completion Date |
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| **RISK AND MITIGATION** | | | | | | | | | | | | | |
| 30. Project Risk: Identify project risks and mitigation strategies associated with the project | | | | | | | | | | | | | |
| Risk | | | | | | | Mitigation Strategy | | | | | | |
| Example: No suitable applicants for tender | | | | | | | Re-advertise tender in additional print and media sources | | | | | | |
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| 31. Please describe your organization’s internal capacity to manage and execute the project. If applicable, please include any past experience with the Government of Canada and the results of those projects: (maximum 1000 characters)\* | | | | | | | | | | | | | |
| **ATTESTATIONS** | | | | | | | | | | | | | |
| 32. I attest my organization has the ability to sustain the infrastructure assets impacted through this investment beyond the completion of the project.\*  Yes | | | | | | | | | | | | | |
| 33. I attest that none of the funding received through this project will be used to support costs associated with ongoing maintenance, services and operational activities that need to be undertaken on an ongoing basis, or the purchase of motorized vehicles, buildings, and/or land.\*  Yes | | | | | | | | | | | | | |
| 34. Any amount currently owing to the Government of Canada? Please declare: $\*  Yes  No | | | | | | | | | | | | | |

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| **PROJECT BUDGET** | | | |
| 35. Project Costs by Fiscal Year *\** (fiscal year is defined as April 1 – March 31) | | | |
| **Sources of Funds** | **2021-2022**  **$** | **2022-2023**  **$** | **TOTAL**  **$** |
| CanNor |  |  |  |
| Applicant |  |  |  |
| Territorial Government  *(must specify department)* |  |  |  |
| Other Federal Government Departments *(List dept)* |  |  |  |
| *Additional funders - please name* |  |  |  |
| *Additional funders - please name* |  |  |  |
| *Additional funders - please name* |  |  |  |
| **TOTAL** |  |  |  |
| *Complete and Submit the Sources of Funds and Uses of Funds tables in the* ***Budget Annex A worksheet*** *(separate document).* | | | |
| **SUPPORTING DOCUMENTATION** | | | |
| 36. Applicant must provide the following documentation to accompany this application by emailing the documents along with the completed application form, as explained in the ***Project Submission and CanNor Contact Information*** section below:  **REQUIRED DOCUMENTS:**  Budget Annex A Worksheet  Copy of financial statements for past 3 years  Copy of incorporation and/or legal registry  Letters of Support  **AS APPLICABLE:**  Confirmation of financial contribution from project partners  Business or Strategic Plan    Other attachments are permitted as supporting information, but not as replacements for responses to the questions on the application form. | | | |
| **PROJECT SUBMISSION AND CANNOR CONTACT INFORMATION** | | | |
| To submit your application including supporting documents (and for general inquiries) email: [cannor.operations.cannor@canada.ca](mailto:cannor.operations.cannor@canada.ca)  In the email subject line, use the following format to assist CanNor in processing your application.  **EMAIL SUBJECT LINE FORMAT**: Application – CCRF – [Territory (i.e. NU, NWT, or YT)] – [Organization Name]  *Example: Application – CCRF – NU – ABC Association*  **CanNor Regional Offices**   |  |  |  | | --- | --- | --- | | **CanNor, Nunavut Region**  Iqaluit, Nunavut  Telephone : (867) 975-3757 | **CanNor, Northwest Territories Region**  Yellowknife, NWT  Telephone : (867) 669-2608 | **CanNor, Yukon Region**  Whitehorse, Yukon  Telephone : (867) 667-3346 | | | | |

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| **CERTIFICATION** | |
| On behalf of the Applicant, I hereby acknowledge and certify that:   1. I have read and understand this request for support and will submit all the required information with this proposal. I understand incomplete applications cannot be assessed and will be deemed ineligible. 2. I have authority to submit this request for support on behalf of the Applicant. 3. The Applicant is not engaged in any illegal or criminal activity, and does not promote violence, incite hatred or discriminate on the basis of sex, gender identity or expression, sexual orientation, colour, race, ethnic or national origin, religion, age, or mental or physical disability, contrary to applicable laws. 4. The Applicant is under no obligation or prohibition, nor is it subject to, or threatened by any actions, suits or proceedings, which could or would affect its ability to continue its operations. 5. The information provided herein is complete, true and accurate. Any other information given in the future in connection with the carrying out of the activities will also be complete, true and accurate. 6. CanNor is authorized to make credit checks or other inquiries it deems necessary to evaluate this request. I agree to provide any further information that may be required for CanNor to make a decision. 7. Costs incurred by the Applicant in the absence of a signed agreement with CanNor are incurred at the sole risk of the Applicant and any such costs may not be considered eligible for CanNor assistance. 8. CanNor, its officials, employees, agents and contractors may share this request for support and/or make inquiries of such persons, firms, corporations, federal, territorial and municipal government departments/agencies, and not-for-profit, economic development or other organizations as may be appropriate, and to share information with them, as CanNor deems necessary in order to assess this request for support or to refer the application. 9. Information provided to CanNor will be treated in accordance with the *Access to Information Act* and the *Privacy Act*. These laws govern the use, protection and disclosure of personal, financial and technical information by federal government departments and agencies. Information provided to CanNor is secured from unauthorized access. 10. The Applicant has not engaged any person to solicit financial assistance for a commission, contingency fee or other form of consideration dependent upon the approval of this application for financial assistance. 11. Any person who has been lobbying on behalf of the Applicant to obtain financial support as a result of this request is registered pursuant to the *Lobbying Act* and was registered pursuant to that Act at the time the lobbying occurred. Where the lobbying duties of the employees of the Applicant constitute a significant part of the employee’s duties, the Applicant is in compliance with the *Lobbying Act*. 12. Any former public office holder or public servant employed by the Applicant is in compliance with the provisions of the *Values and Ethics Code* for the Public Sector, the *Policy on Conflict of Interest and Post-Employment* and the *Conflict of Interest Act*. 13. The Applicant agrees to comply with the *Official Languages Act* as may be required, specifically where activities involve services to or activities with the public. 14. The Applicant is not in default under any funding agreement with the federal government.   I Agree \* | |
| Name of Officer with Signing Authority for the Organization \* | Title *\** |
| Date (YYYY-MM-DD) *\** |  |