

BASIC ORGANIZATIONAL CAPACITY CONTRIBUTION PROGRAM FUNDING APPLICATION

PAW Number/Fiscal Year:

1323247 (2022-2023)

Purpose:

A funding application is required in order to establish a funding arrangement. The work planning template describes the minimum information required for the Basic Organizational Capacity (BOC) Program and is to cover all core funded elements. If a multi-year work plan is being prepared please note the elements to be funded for each year of the work plan.

Reporting Period:

Annually

Due Date:

January 31

Field Definitions:

Field	Definition
A. Applicant Information	
Are you applying for a multi-year agreement?	Indicate whether you are applying for a multi-year agreement: <ul style="list-style-type: none"> - Yes - No
How many years?	From the drop-down list, select the number of years you are applying for the multi-year agreement.
Organization Name	The full legal name of the organization that received the funds being reported on.
Previous name(s) of Organization	Any previous legal names of the organization requesting funds.
Scope of Organization’s Activities	Indicate whether the scope of activities the organization undertakes is: <ul style="list-style-type: none"> - Local - Municipal - Provincial/territorial - Regional - National
Legal Status	Indicate whether the organization is incorporated: <ul style="list-style-type: none"> - Yes - No If yes, indicate whether the incorporation is: <ul style="list-style-type: none"> - Federal - Provincial

Field	Definition
Corporate Registration Number	The Corporate Registration Number of the organization as provided by the Federal or Provincial Government. Note that a copy of the Incorporation document is to be attached with the application.
Contact	
Given Name Family Name Title Telephone Number Facsimile Number Email Address	The given name, family name, title, office telephone number, facsimile number and email address of the person to be contacted for any questions related to the funding application. A valid telephone or facsimile number includes the 3 digit area code in the format ###-###-####. A valid email address may be in upper or lower case in the format a@a.a.
Applicant Street and Mailing Addresses	
Street Address (Number/Street/Apartment/P.O. Box) City/Town Province/Territory Postal Code Mailing Address (if different) (Number/Street/Apartment/P.O. Box) City/Town Province/Territory Postal Code Telephone Number Extension Facsimile Number Email Address Web site (if available)	The applicant's full street and mailing address (if different), telephone number and extension, facsimile number, email address and web site (if available). A valid postal code is in the upper case in the format A#A#A#. A valid telephone or facsimile number includes the 3 digit area code in the format ###-###-####. A valid email address may be in upper or lower case in the format a@a.a.
Have you previously received funding from Crown-Indigenous Relations and Northern Affairs Canada?	Indicate whether the organization requesting funds has previously received funding from Crown-Indigenous Relations and Northern Affairs Canada (CIRNAC). If yes, indication of the name of the organization at the time funding was received and the year in which it was received.
Do you employ a former (in the last twelve months) public servant in the federal government who is under the Values and Ethic Code for the Public Service?	Indicate whether the organization has employed a former public servant in the last twelve months who is under the Values and Ethics Code for the Public Service. Refer to the following website for more information: https://www.canada.ca/en/government/publicservice/values.html
B. Proposal Summary Information	
The proposal/work plan can be submitted as a file attachment through Part E of this form.	

Field	Definition
Mandate/Objectives of the organization	A brief description of the mandate and objectives of the organization. Not necessary to be completed for applicants previously funded by CIRNAC unless changes were made to the mandate/objectives.
Main priorities/objectives for the year and/or brief description of the activities to be carried out	The main priorities and objectives for the year and/or a brief description of the activities planned. Details are to be found in the application proposal to be attached to the funding application.
Proposed Start Date (YYYYMMDD) End Date (YYYYMMDD)	The proposed start date and expected end date for the activities proposed, in the format 'Year Month Day'.
Amount of basic organization capacity funding requested	The dollar amount of funding requested from CIRNAC.

C. Work Planning Template

Provide a brief description of the activities that are planned. If the template is filled out electronically, the fields will expand as required to include all text typed into the field. Click on 'Add Activity' or 'Remove Activity' to add or remove rows as required.

Objective/Purpose	Answers the question: "What will I achieve?" Example: Improved awareness of federal education activities and directions.
Proposed Activity	Answers the question: "What will I do?" Example: Distribute and share information by producing a newsletter and holding 2 town hall sessions.
Expected Output	Answers the question: "What will I produce?" Example: <ul style="list-style-type: none"> - A newsletter will be sent to 100 homes - 2 town hall sessions attended by 30 people
Projected Expenditure	Answers the question: "How much will it cost?" Example: <ul style="list-style-type: none"> - Newsletter: \$5,000 - Town hall sessions: \$4,000 (\$2,000 each) - Salaries for 2 part-time staff

D. Budget Summary

Detail the budgeted expenditures that link to the planned activities. Totals are calculated automatically. Click 'Add Other...Costs' to include other costs for each category (Salaries, Operation Costs and Administration Costs) not otherwise captured in the chart.

Salaries	Detail the budgeted expenditure for salaries of: <ul style="list-style-type: none"> - Staff - Elected members - Other salaries (specify) for each year of proposed funding
Rent	List the budgeted expenditure for rent for each year of proposed funding.

Field	Definition
Operation Costs	List the budgeted expenditure for: <ul style="list-style-type: none"> - Travel (staff) - Travel (non-staff) - Consultants - Legal services - Other operational needs (specify) for each year of proposed funding
Administration Costs	List the budgeted expenditure for: <ul style="list-style-type: none"> - Equipment - Meeting expenses - Supplies - Telephone and facsimile - Insurance - Translation - Miscellaneous - Other administrative needs (specify) for each year of proposed funding
Total Expenses	Calculated automatically

E. Supporting Documents

This table allows you to identify the supporting document(s) being submitted and the method of submission.

Supporting Document Type	Select from the drop-down list the type of supporting document: <ul style="list-style-type: none"> - A statement that the organization is mandated by its individual members (e.g. copies of resolutions from an annual or special meeting of members; copies of Band Council resolutions from members; copy of an annual general report) - A copy of incorporation document - List of individual members, member communities or member organizations - A copy of the most recent audited financial statement - A proposal or a work plan along with a budget - A cash flow - Other (specify)
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Field	Definition
Submission Method	<p>From the drop-down list, select the method by which additional documents will be submitted. The options include:</p> <ul style="list-style-type: none"> - Attachment - Email - Facsimile - Mail - By Hand/Courier <p>If you select 'Attachment' as the submission method, an 'Attach File' button will appear. Selecting this button allows you to select a file that will be attached to the form. After attaching the file you can click on the paper clip icon on the left side of the Adobe application to see the attached file. Once the file is attached, the "Attach File" button changes to "Remove File". To remove the file only, select this button. To clear all fields for a single document and remove the associated file, select the [-] button.</p>

F. Declaration

Signing Authority

Given Name Family Name Title Signature Date (YYYYMMDD)	The given name, family name, position title and signature of the person who acknowledged the accuracy of the information, and the date of declaration. Dates are in the format 'Year Month Day'.
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Witness

Given Name Family Name Title Signature Date (YYYYMMDD)	The given name, family name, position title and signature of the person acting as a witness to the signing authority and the date witnessed. Dates are in the format 'Year Month Day'.
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Office Use Only

Program Officer Date (YYYYMMDD)	The name of the program officer and the date the application was received. Dates are in the format 'Year Month Day'.
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