## FUNDING APPLICATION FORM

| Program Name | Canadian Family Justice Fund – Project Component  |
|--------------|---|
| Objectives:  | <ul> <li>Facilitate access to the family justice system for family experiencing separation and divorce through various services, programs and information resources.</li> </ul> |

| 1.0 Applicant Information   |                      |                 |             |
|---|----------------------|-----------------|-------------|
| Type of Applicant   |                      | Level of Govern | nment       |
| Legal Name  |                      |                 |             |
| Street Address (if outside of Canada please provide full address including city, state and country in this field) |                      |                 |             |
| City  | Provincial/Territory |                 | Postal Code |
| Phone   | Fax                  |                 | Website     |

| 1.1 Primary contact for this application |                 |                   |                        |
|--|-----------------|-------------------|------------------------|
| First Name                               |                 | Last Name         |                        |
|  |                 | Title (if emplies | hio)                   |
| Salutation                               |                 | Title (if applica | bie)                   |
| Phone                                    | Fax             |                   | Email                  |
| Authorized to sign on behalf of          | the organizatio | n / entity :      |                        |
| Same address as main address             | provided above  | (if checked, skip | address fields below): |
| Street Address                           |                 |                   |                        |
| City                                     | Provincial/Terr | itory             | Postal Code            |
| 1.2 Additional person(s                  | s) with signi   | ng authority      | (2 maximum)            |
|  | Perso           | ON #1             |                        |

| First Name  |                   | Last Name         |   |
|---|-------------------|-------------------|---|
| Salutation  |                   | Title (if applica | able)   |
| Phone   | Fax               |                   | Email   |
| Street Address  | 1                 |                   |   |
| City  | Provincial/Terr   | itory             | Postal Code                                   |
|   | Perso             | on #2             |   |
| First Name  |                   | Last Name         |   |
| Salutation  |                   | Title (if applica | ıble)   |
| Phone   | Fax               |                   | Email   |
| Street Address<br>(if outside of Canada please pr<br>City | ovide full addres |                   | state and country in this field)  Postal Code |
| 1.3 What is the primar maximum)?                          | y work of yo      | our organiza      | tion (300 words                               |
|   |                   |                   |   |

| 1.4 What is the mandate of your organization?  |                            |  |
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| 1.5 For Québec organizations only  |                            |  |
| Are the majority of your members from the Qué  |                            |  |
| appointed by the Government of Québec, a min   |                            |  |
| agency, a municipal body, a school board or and Is your personnel appointed in accordance with |                            |  |
| Québec - Chapter F-3.1.1)?   | the Fubile Service Act (or |  |
| Is more than half of your financing derived from   | Québec public funds,       |  |
| that is, from the consolidated revenue fund, a g   | 9 ,                        |  |
| municipal body, a school body or another public  | c agency?                  |  |
| 2.0 Tell us about your project  Project title  |                            |  |
| Project title  |                            |  |
| 2.1 Anticipated timeframe  |                            |  |
| Start Date   | End Date                   |  |
| 2.2 Is this application for a continua   | ation/next phase of a      |  |
| previously funded application?   |                            |  |
| Federal Department Name  | Contact Information        |  |
|  |                            |  |
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| 2.2.1 Will this funding applie | ation be submitted to another    | 11/10 |
|--------------------------------|----------------------------------|-------|
| federal department?            | ation be submitted to another    | y/n   |
| Federal Department Name        | Contact Information              |       |
|                                |                                  |       |
|                                |                                  |       |
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| 2.3 Project Description (500 v | words maximum)                   |       |
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| 2.4 Describe why your project  | ct is needed and how the project | will  |
| address these needs (800 wo    | ords maximum)                    |       |
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| 2.5 To be considered for funding, your project must relate to at least one of the Fund's priorities. Select the Fund's priorities that relate to your project and briefly explain how your project will address them. |
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| Fostering Federal Provincial and Territorial Collaboration  |
| Supporting well-being of family members   |
| Reaching diverse and underserved populations  |
| Supporting alternatives to court  |
| Improving and streamlining family justice system links/processes  |
| Briefly explain how your project addresses the selected priorities  |
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| 2.6 What is your organization's expertise and/or experience to undertake this project   |
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| 2.7 | Who will directly benefit (target population) from this project? |
|-----|--|
|     | Children (0 to 12 years old)                                     |
|     | Youth (12 to 18 years old)                                       |
|     | Indigenous peoples   |
|     | Northern communities   |
|     | Remote communities   |
|     | Urban communities  |
|     | Ethno-cultural or visible minority groups                        |
|     | Official language minority communities                           |
|     | Homeless persons   |
|     | Persons with disabilities  |
|     | Persons with mental health issues (including FASD)               |
|     | Persons with addictions issues                                   |
|     | Persons undergoing separation or divorce                         |
|     | Youth at risk  |
|     | Youth involved in the justice system                             |
|     | Victims of crime   |
|     | Justice related professionals                                    |
|     | Other professional groups  |
|     | Governments (provincial/territorial)                             |
|     | Seniors  |
| Oth | er:  |

| 2.8 Explain how your project demonstrates sensitivity to diversity and gender equality issues (300 words maximum) |
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| 2.9 Explain how the objectives of sustainable community development will be supported (300 words maximum)         |
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| The Department of Justice is committed to enhancing the vitality of the English and French linguistic minority communities in Canada, supporting and assisting their development, and fostering the full recognition and use of both English and French in Canadian society.  2.10 Describe how your project takes into consideration the needs of |
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| the French-speaking people outside Quebec or English-speaking people in Quebec (300 words maximum)   |
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| 2.11 How will the results and findings of your project be shared or communicated? (300 words maximum)  |
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| 2.12 What is the objective(s) of your project (must be specific, measurable, and possible to achieve - 3 maximum)?  |
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| First objective   |
| Second objective  |
| Third objective   |
| 2.13 Which of the following outcomes does your project help achieve? Note: Based on your selection, specific performance indicators will be applied to your contribution agreement. You will be required to report annually on these outcomes using the indicators applied in your agreement.  Improved capacity in the provinces and territories to deliver family justice services  Increased awareness of family justice issues  Canadians have increased access to family justice |
| 2.14 How will you measure the impact or success of your project (select all that apply)?  |
| Evaluation (including third party or in-house evaluations)  Satisfaction Survey  Pre- and post-participant questionnaires  Other data collection  |

| * | Department of Justice<br>Canada |
|---|---------------------------------|
| * |                                 |

| 2.15 If your project will be evaluated, indicate who will do the evaluation and provide an overall description of your evaluation plans |  |  |  |
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| or approach (300 words maximum)   |  |  |  |
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| 2.16 Provide the name(s) of member(s) of your organization that will help to deliver or oversee the project |                       |  |  |
|---|-----------------------|--|--|
| Name and/or position title  | Role / Responsibility |  |  |
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| 2.17 Will your project require the support or participation of others? |   |                                 |   |  |
|--|---|---------------------------------|---|--|
| Name of<br>Supporter (or<br>partner)                                   | Describe the nature of the support (i.e. referral source, advocate, donating space, providing advice, volunteer etc.) | Has the support been confirmed? | Is this a new or on-going relationship? |  |
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| 2.18 Workplan  |
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| Please use the Workplan template provided.   |
|  |
| 2.19 Budget  |
| Please use the matching budget template.   |
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| 2.20 If applicable, provide any additional information about this project that you think is relevant and that we should know                         |
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| 2.21 In the last 5 years, has the federal government audited your organization? (if yes, you will be asked to provide a copy of the audit report(s)) |
| ° Yes  |
| ° No   |
|  |
| 2.22 Does your organization receive a GST/HST rebate from the federal government?  |
| C Yes  |
| C No   |
| INO  |

Please provide the percentage

## **Conditions**

In the event that your funding application is successful, you will be required to provide banking information in order to permit electronic payments.

Departmental funding may be used only for the purposes specified in this application. Once the Department has agreed to grant financial assistance, no major change can be made to the project without departmental approval (in each case, the Department shall determine what constitutes a major change). Funds not used for these purposes must be returned to the Department.

The organization bears full responsibility for its debts. The Department will not consider any request for assistance in settling debts. The organization must agree to comply with all provincial, territorial and federal legislation.

The Department's financial contribution must be explicitly acknowledged and must be mentioned in publications funded by the Department. A typical form of acknowledgement is: "We acknowledge the financial support of the Department of Justice Canada".

With regard to the project or programming for which funding is requested, the organization shall agree to comply with the spirit and intent of the Official Languages Act by implementing the appropriate linguistic measures.

By signing this application, (the applicant) authorizes the Department of Justice Canada to disclose any information received in this application within the Department and the Government of Canada or to outside entities for the following purposes: to reach a decision on this application, to administer and monitor the implementation of the project or programming, or to evaluate the results of the project or programming after project completion. This disclosure of any information received in this application may also be used to reach a decision on any other application of the applicant for funding under any other departmental program.

In the event of an access to information request regarding the present funding application or any relevant information about the organization in the Department's possession, the information provided to the Department will be entirely disclosed, with the exception of personal information, which will be treated in accordance with the Privacy Act.

Any person lobbying on the recipient's behalf must be registered under the federal Lobbyists Registration Act.

## **Declarations**

## I declare that:

- the information in this application is accurate and complete;
- the application is made on behalf of the organization named, whose name appears in knowledge and consent;
- if financial assistance is granted, the organization shall undertake to provide financial reports on results pursuant to the requirements of the Department of Justice Canada;
- if financial assistance is provided, the organization shall agree to an assessment programming pursuant to the requirements of the Department of Justice Canada;
- no public servant or holder of public office, past or present, which is in breach of the Values and Ethics Code for the Public Sector or the Conflict of Interest Act shall derive a direct benefit from the requested funding;
- this organization has not paid or agreed to pay, directly or indirectly, and agrees directly or indirectly, any contingency fees for the solicitation, negotiation or acquisition of funding for the purpose of this application.

| Applicant                                  |  |
|--|--|
| Name of person with authority              |  |
| I agree to the conditions and declarations |  |
| Date                                       |  |