



Canada Magazine Fund (CMF) Support for Industry Development (SID) General Application Form – Appendix A

1. See instructions on reverse.
2. Complete all sections, sign and date the form.
3. For assistance, call toll free 1 888 357-3116.

A. Applicant identification (please print)					
ASSOCIATION OR ORGANIZATION					
A.1 Full legal name			Previous name (if applicable)		
Scope of activities <input type="checkbox"/> Local <input type="checkbox"/> Municipal <input type="checkbox"/> Provincial/Territorial <input type="checkbox"/> Regional <input type="checkbox"/> National <input type="checkbox"/> International					
LEGAL STATUS <input type="checkbox"/> Yes <input type="checkbox"/> Federal		Corporate registration		<input type="checkbox"/> In process	
INCORPORATED → <input type="checkbox"/> No <input type="checkbox"/> Provincial/Territorial		No. _____		↓ Date applied _____	
REGISTERED WITH THE CANADA REVENUE AGENCY AS NOT-FOR-PROFIT ORGANIZATION → <input type="checkbox"/> Yes <input type="checkbox"/> No		Registration number No. _____		<input type="checkbox"/> In process ↓ Date applied _____	
A.2 Contact person (authorized to respond to queries from the CMF)			<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other (specify) _____		
First name		Family name		Title	
Office tel. No. ()		Fax No. ()		E-mail address	
In which official language do you wish to communicate? <input type="checkbox"/> English <input type="checkbox"/> French					
A.3 Address of the association					
Street address (city, province, postal code)			Mailing address (if different)		
Tel. No. ext. ()		Fax No. ()		E-mail address	
Web site		Tel. No. ext. ()		Fax No. ()	
Have you previously received funding from the Department of Canadian Heritage? Yes <input type="checkbox"/> No <input type="checkbox"/>			If yes, under which program?		Date (year) (month)
B. Project summary information (please print)					
Project title					
Project description					
Duration of project from (yyyy/mm/dd) to (yyyy/mm/dd)			Total cost of project \$		Amount requested \$
Have you applied to other federal departments or other programs of the Department of Canadian Heritage for this project? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, specify		
C. Affirmation					
<p>I affirm that the information in this application is accurate and complete and the project proposal, including plans and budgets, is fairly presented. I agree that once funding is provided, any change to the project will require prior approval of the Department. I agree to publicly acknowledge funding assistance by the Department, in accordance with the terms of the funding agreement. I also agree to submit a final report, and where required, financial accounting for evaluation of the activity funded by the Department. I understand that the information provided in this application may be accessible under the <i>Access to Information Act</i>. I also agree to respect the spirit and intent of the various acts governing the programs of the Department of Canadian Heritage.</p>					
AUTHORIZED SIGNATURE					
_____		_____		_____	
Authorized signature		Name and title (please print)		Date	

(aussi disponible en français)

SID – General Application Form Instructions

Following are instructions on sections to be completed.

A. Applicant identification

A.1 Full legal name: Please enter the full name (not abbreviated). If the association is incorporated, indicate the name shown on the certificate of incorporation.

Previous name (if applicable): If, in the past five (5) years, the association operated under a different name, please indicate the full name (not abbreviated).

Scope of activities: Please check one of the levels that best characterizes your association.

A.2 Contact person: Please provide the full name of the person responsible for the project application as well as information on where that contact person can be reached:

Telephone number, including the area code

Fax number (if available), including the area code

E-mail address (if available)

A.3 Address of the association: Please provide the following information for the association, and NOT the contact person.

Street address, including the postal code

Mailing address (if different from the street address), including the postal code

Telephone number, including the area code

Fax number (if available), including the area code

E-mail address (if available)

Web site (if available)

B. Project summary information

Project title: Please provide the title you have given to this project.

Project description: Please provide a summary paragraph that briefly describes your project, its purpose and objective(s).

PLEASE NOTE: This information may be made public.

C. Affirmation

Authorized signature: Please provide the name and the position title of the individual that has signing authority for this project, i.e. the person accountable for any funding received as a result of this application.