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| **Multiculturalism and Anti-Racism Program**  **Projects funding component**  **Anti-hate Call**  **General Application Form**  **INSTRUCTIONS:**   * Please complete all sections of this application form. **All fields are mandatory unless otherwise indicated.** Responses toapplication questions should be clear and concise. Once completed, send the form and all supporting documentation by e-mail to [financementpmlcr-fundingmarp@pch.gc.ca](mailto:financementpmlcr-fundingmarp@pch.gc.ca) * **Before you begin writing your application, please read the Program guidelines carefully.** Your application must illustrate how your project meets the Program’s objectives, as well as the objectives and the expected results of the anti-hate call as outlined in the guidelines: [Anti-Hate Call](https://www.canada.ca/en/canadian-heritage/services/funding/multiculturalism-anti-racism/projects/application-guidelines-anti-hate.html) * Watch the [**video**](https://www.canada.ca/en/canadian-heritage/services/funding/community-multiculturalism-anti-racism/video-how-complete-application-package-multiculturalism-anti-racism.html) for practical tips on how to complete your funding application package. * Incomplete applications will not be considered. A complete application includes answers to all questions, signatures, and supporting materials where required. Please complete and sign the checklist in Part H of this application to make sure your funding application package is complete. | | | | | | | | | |
| **Part A – Applicant Information** | | | | | | | | | |
| **Legal name of your organization (as per articles of incorporation, if applicable)** | | | | | | | | | |
| **Primary address** | | | | | | | | | |
| Street | | | | | | | | | |
| City | | | | | Province/Territory | | | | Postal code |
| Telephone  (   )       Extension | | | Alternate telephone number (if applicable)  (   )       Extension | | | | | | Fax (if applicable)  (   ) |
| E-mail address | | Website address (if applicable) | | | | | | Preferred language of communication  English  French | |
| Social media accounts (if applicable) | |  | | | | | |  | |
| **Mailing Address** (if different from the primary address) | | | | | | | | | |
| Street | | | | | | | | | |
| City | | | | | | Province/Territory | | | Postal code |
| **Contact Person** | | | | | | | | | |
| First Name | Last Name | | | | | | Position Title | | |
| Telephone (   )       Extension | | | | | | | E-mail address | | |
| **Legal Status** | | | | | | | | | |
| Not-for-profit? | | | | Yes                   No | | | | | |
| Registered with Canada Revenue Agency (CRA) as a charitable organization? | | | | Yes                   No | | | | | |
| Federal Business Number from CRA  (if applicable) | | | | 9-digit number: | | | | | |
| GST/ HST number (if applicable) | | | | Number: | | | | | |
| Is your organization an Indigenous (First Nations, Inuit, or Métis) government, a band council or a tribal council or a not-for-profit Indigenous organization? | | | | Yes                   No  Number (if applicable): | | | | | |
| Incorporated? | | | | Federal                   Provincial / Territorial  No | | | | | |
| Incorporation Information (if applicable) | | | | * Incorporation Number: * Date of incorporation YYYY-MM-DD: * Date of continuance (if applicable) YYYY-MM-DD: | | | | | |
| Request for Incorporation in process? | | | | Yes                   No  Date applied YYYY-MM-DD (if applicable) : | | | | | |
| As of April 1, 2020, a Federal Business number is required for all financial transactions. Provincially incorporated not-for-profit organizations are eligible for funding from the Program, however, all organizations must provide a Federal Business number with their funding application. A Charity Registration Number, a GST/HST Number, a Federal Incorporation Number, or a Band Number are all accepted as valid Federal Business numbers. The Program will contact Provincially incorporated organizations that cannot provide a Federal Business number to make other arrangements. Unincorporated organizations are exempt from this requirement. | | | | | | | | | |
| On what date does your fiscal year begin? MM-DD (required)    -  **Has your organization previously received funding from Canadian Heritage?**  Yes  No  **If yes, which program (s)?** | | | | | | | | | |
| **Applicant Profile and Capacity** | | | | | | | | | |
| **1 – A. Provide a description of your organization, including your mandate.**    **B. Provide details of activities delivered in the past years that are similar to those being proposed in this application.** | | | | | | | | | |
| **2 – Does your organization collect disaggregated statistical data (excluding Employment Equity data) on racialized and religious minority communities, and/or Indigenous Peoples for the purpose of developing or improving policies, practices and/or services?**  **Yes**  **/ No**  **If yes, please indicate what the data is used to develop/improve:**  **Policies**  **Practices**  **Services**  **All of the above** | | | | | | | | | |

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| **Part B – Project Information** | | | | | | |
| **Project Title:** | | | | | | |
| **As indicated in the budget:**  Total cost of project:$  Total amount requested for the project:$ | | | | | | |
| **Planned start date of project spending YYYY-MM-DD**    This call for proposals is for projects of up to three fiscal years in duration. If funding is approved, we may fund expenses incurred as of **April 1, 2026**. However, if you incur expenses for your project before receiving written confirmation of your funding approval, you will be doing so at your own risk. | | | **Planned end date of project spending YYYY-MM-DD**    The end date of the project must not go beyond  **March 31, 2029**. | | | |
| **Links to the Program’s objectives** | | | | | | |
| **1 – Please select one or more of the objectives your project aims to address:**  advance anti-racism; foster ethnocultural diversity and inclusion; promote intercultural and interfaith understanding;  provide equitable opportunities for equity-deserving populations and community organizations to participate fully in all aspects of Canadian society;  promote dialogue on multiculturalism, anti-racism, racial equity, diversity and inclusion to advance institutional and systemic change so that Canada becomes a more inclusive society, free from racism and hate-motivated actions;  support research and evidence to build understanding of the disparities and challenges faced by equity-deserving populations. | | | | | | |
| **Links to the objective and expected results of the anti-hate call** | | | | | | |
| **2 – The objective of the anti-hate call is to empower communities to prevent and address hate by fostering inclusion, resilience, and unity through community-led, intersectional projects that will contribute to reducing social isolation and fragmentation, and reinforce collective identity, building a more inclusive, socially cohesive and united Canada.**  Your organization must submit a project proposal that meets the objective and at least one of the expected results of the anti-hate call.  **Please select one or both of the expected results your project aims to meet :**  Improved community-led strategies to address and prevent hate, promote safety, reinforce a collective identity and a sense of belonging.  Improved support networks and resources for individuals and communities affected by hate, reinforcing a collective commitment to dignity, healing, and resilience.  **Please explain how the project will link to the objective and expected results of the anti-hate call.** | | | | | | |
| **Project Description** | | | | | | |
| **3 – Describe your proposed project in a clear and concise manner, including all of the following points:** What do you plan to do? Why is this project needed within the local, regional, provincial and/or national context? How does your proposed project address the needs you have identified? What is the project expected to achieve? | | | | | | |
| **Project Resources** | | | | | | |
| **4 – Who will design and deliver your project?** Include details about the team involved in the project, including staff, volunteers, etc. and any consultants or partners, if applicable. Provide a brief summary of their knowledge, expertise, skills, and roles within the project.   1. Human Resources/Governance (both current volunteers, staff, etc. and new project staff)      1. Consultants (if applicable)      1. Partners (if applicable, provide details of the roles that key partners will play in the project design/delivery)     **Describe the cash and in-kind contributions from your organization, as well as any other sources of funding or in-kind support that will be used for the project delivery.**    **Please note:**  In-kind contributions are considered real contributions to the cost of the proposed activities but are not reimbursable. Donated goods and services may be considered in-kind contributions if they are: essential to your project’s success; if they would otherwise have to be purchased or paid for by the recipient; if they can be measured at fair market value (i.e., in relation to similar goods and services). | | | | | | |
| **Expected Results and Evaluation Plan**  *Note: Recipients that will be funded through the Multiculturalism and Anti-Racism Program will be required to track the performance of their project using reporting templates to communicate the results of their project.* | | | | | | |
| **5 – A. How will you monitor the project’s progress, assess the outcomes of its activities, and measure the key changes achieved through the funding?** Be as specific as possible, and list short-term and medium-term results as applicable. Include Indicators (ie. Levels of participants’ knowledge about a topic addressed by the project), Methodology (ie. Post-activity survey, focus groups, etc.) and Frequency (ie. after every session, at the end of the project).  **Example :**  **Short-term –** 50 workshop participants will gain knowledge regarding hate and its different forms in order to identify and combat it. The change in the level of knowledge of participants will be tracked using online surveys at the end of the workshops.  **Medium-term –** at the end of the project, the participants will be better equipped to prevent and combat hate. This strengthening of the capacity of participants will be tracked by comparing initial participant surveys with survey results from the end of the project.    **B. How will you measure whether the project has been successful in achieving its expected results?**  Example: conducting a review of organization policies six months after the end of the project to ensure that all policies promote diversity and inclusion and prevent hate in the workplace.    **C. What will you do with the results of your project’s evaluation once the project is completed and how will you share the evaluation and information, knowledge, products, tools and resources developed during the project with communities, partners and stakeholders?** | | | | | | |
| **Community involvement**  Definition : The term community (ies) is used throughout this form to refer to a group of individuals who share common interests (e.g. language, culture, religion, etc.) or a place in which a group of people live together within a shared geographical area (e.g. a village, a city, etc.). Examples include the communities of focus in Canada’s Anti-Racism Strategy (Indigenous Peoples, Black, racialized, and religious minority communities). | | | | | | |
| **6 - A.** **Identify the community (ies) who will benefit from the project? How will the community (ies) identified benefit from the project both in the short and medium terms? Describe how your organization currently works with the community (ies)?**    **B. Are the community (ies) identified involved in the design, development and delivery of project activities?** If yes, please explain how.    **C.** **How will the community (ies) and partners be engaged throughout the project?** Provide details about the outreach activities you will conduct prior to and during your project to engage your target communities and community partners. | | | | | | |
| **Project activities** | | | | | | |
| **7 – List all of your project’s planned activities and provide the information requested in each column. Please also list activities linked to the planning and the evaluation, as well as the outreach of the project (if applicable).** | | | | | | |
| **Activity name** | **Date/Timeframe**  (YYYY-MM-DD)  to  (YYYY-MM-DD) | **Location(s) of activity**  (Cities/  Provinces) | | | **Expected number of participants, if applicable**  (Per activity) | **Description of activity, please include:**   1. Who will carry out the activity? 2. Who will be participating? 3. What is the goal of the activity? |
| **Example: Workshops on identifying and combatting incidents of hate** | **2026-11-05 to 2026-11-07** | **Ottawa / Ontario** | | | **100** | 1. **A consultant** 2. **General public and community partners** 3. **The activity enables the general public and community partners to learn about hate in its different forms and how to combat it.** |
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| **Participants** | | | | | | |
| Total expected number of participants:  *Individuals who will actively participate in project activities (development and/or delivery and/or attendance of project activities)* | | | |  | | |

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| **Part C – Official Languages** | | |
| Canadian Heritage is committed to taking positive measures to enhance the vitality of official language minority communities (Anglophones in Quebec and Francophones outside Quebec) and to promote the use of English and French in Canadian society. | | |
| Does your organization belong to an official language minority community (Anglophones in Quebec and Francophones outside Quebec)? | Yes | No |
| Is your target audience or the communities involved in your projects composed of both English-speaking and French speaking people? | Yes | No |
| If your target audience or the communities involved in the project includes both English-speaking and French-speaking people, please indicate what measures you will undertake to communicate with both groups and to encourage each to participate in your project. Please note that costs associated with these measures are eligible to be funded through the Multiculturalism and Anti-Racism Program. | | |

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| **Part D – Self-Identification and Demographic Information** |
| Note: These questions are ***optional*** and will not have a bearing on the evaluation of your application or on the funding decision. Information collected from this section may be used to inform program design, program development, implementation, and policy. For more information about the categories included below, please visit the [Statistics Canada page on Population groups](https://www23.statcan.gc.ca/imdb/p3Var.pl?Function=DECI&Id=1323415).  For the purposes of these questions, please consider the following definitions:  Led by - An organization is considered led-by a particular community or population if the majority of the organization's leadership and decision-making positions are held by people who self-identify as belonging to that community.  Serving - An organization is considered to be serving a community or population if its primary mandate and objectives are to promote the interests of that community and if the organization's activities meaningfully support and engage the community. |
| Is your organization led by or serving any of the following communities? Please select **up to three communities** for “serving”.  Indigenous (Please specify       ) Led by  Serving  East Asian (Please specify       ) Led by  Serving  South Asian (Please specify       ) Led by  Serving  Southeast Asian (Please specify       ) Led by  Serving  West Asian (Please specify       ) Led by  Serving  Black (Please specify       ) Led by  Serving  Latin American (Please specify       ) Led by  Serving  Arab (Please specify       ) Led by  Serving  Other (Please specify       ) Led by  Serving  Prefer not to answer  Is your organization led by or serving any of the following religious minority communities? Please select all that apply.  Buddhist Led by  Serving  Hindu Led by  Serving  Jewish Led by  Serving  Muslim Led by  Serving  Sikh Led by  Serving  Traditional (North American Indigenous) spirituality Led by  Serving  Other religions and spiritual traditions (please specify      ) Led by  Serving  No religion and secular perspectives Led by  Serving  Prefer not to answer |
| Is your organization led by or serving the disability community, or people who identify as living with a disability?  *For the purposes of this survey, disability includes persons who have a long-term or recurring physical, mental, sensory, psychiatric, or learning impairment or chronic illness.*  ​​  ​Yes, led by  ​​​Yes, serving  ​​​No  ​​Prefer not to answer |
| Is your organization led by or in support of sexual and gender diverse communities (also referred to as 2SLGBTQI+ communities)?  Yes, led by  ​​Yes, serving  ​​No  ​​Prefer not to answer |

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| **Part E - Privacy Notice** |
| The collection of personal information is authorized by the [*Department of Canadian Heritage Act*, Paragraph 4(2)b)](https://laws-lois.justice.gc.ca/eng/acts/c-17.3/page-1.html) and is required to process your application to the Multiculturalism and Anti-Racism Program, which aims to support the mandate of the Department of Canadian Heritage by building on Canada’s strength as a diverse and inclusive society. Collection and use of this personal information are in accordance with the [*Privacy Act*](https://laws-lois.justice.gc.ca/eng/acts/p-21/). The information collected will be used to determine the eligibility of your organization to the Program and to communicate with your organization. The personal information collected will be retained for six (6) years after its last use. Not providing your personal information may result in your application not being processed. Under the [*Privacy Act*](https://laws-lois.justice.gc.ca/eng/acts/p-21/) you have the right of access to, and correction of, your personal information. To exercise either of these rights, contact Canadian Heritage’s ATIP Coordinator by email at [aiprp-atip@pch.gc.ca](mailto:aiprp-atip@pch.gc.ca). If you are not satisfied with Canadian Heritage’s response to your privacy concern, you may wish to contact the [Office of the Privacy Commissioner of Canada](https://www.priv.gc.ca/en/contact-the-opc/) by telephone at 1-800-282-1376. |
| As part of the Multiculturalism and Anti-Racism Program’s risk assessment, the Program will take part in a search of publicly available information related to your organization and the individuals involved in the delivery of your proposed project activities. The purpose of the search is to assess the risks of funding the proposed project, in relation to any information, past or present, that could bring disrepute to the Government of Canada and undermine Canada’s Anti-Racism Strategy. The search may be carried out on the organization, its board members, as well as any individuals and entities mentioned in the funding application and other subsequent project documents, including consultants who will be involved in the project.  The search will be carried out prior to determining the funding decision and, should your application be approved for funding, the search may also be carried out prior to each payment during the course of the funding agreement. The search will be carried out on publicly available information. As the signatory, you are responsible to notify individuals and organizations named in the funding application of the conditions in this privacy notice and to obtain their consent.  **I acknowledge that I have read and agree to the conditions stated in the Privacy Notice.** |

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| **Part F – Declaration/Attestation** | |
| **Declaration** | |
| As the person that has the legal authority to bind and apply on behalf of the Applicant, I declare that:   * The information in the application is true, accurate and complete; * I have all the necessary authorities to undertake the proposed project, or will obtain these authorities prior to the approval of the project; * I and any person lobbying on my behalf to obtain funding are in compliance with the [Lobbying Act](https://laws-lois.justice.gc.ca/eng/acts/l-12.4/) and that no actual or potential, direct or indirect, contingency fee arrangement exists; * No public servant or holder of public office, past or present, will derive a direct benefit from the approved funding in breach of the Values and Ethics Code for the Public Service or the Conflict of Interest Act; * I will act in compliance with applicable statutes, laws, bylaws, regulations, orders, codes, standards, directives and guidelines governing the activities for which funding is being sought; * I commit to take measures conducive to creating a workplace free from harassment, abuse and discrimination; * I commit to not undermine [Canada’s Anti-Racism Strategy](https://www.canada.ca/en/canadian-heritage/services/combatting-racism-discrimination/canada-anti-racism-strategy.html); * I commit that the Applicant and any individual or entity (including any consultant) associated with the proposed Project for which funds are sought, will respect the values underlying the [*Canadian Charter of Rights and Freedoms*](https://www.justice.gc.ca/eng/csj-sjc/rfc-dlc/ccrf-ccdl/)*, and the* [*Canadian Human Rights Act*](https://laws-lois.justice.gc.ca/eng/acts/h-6/); and * I also commit to disclosing anything relating to the Applicant or any individual or entity (including a consultant) associated with the proposed Project, whether past or present, that could bring disrepute to the Government of Canada. Should the proposed Project be approved, I also commit to disclosing, in writing to the Department within 15 days, any such information that becomes known to me or the Applicant during the entire duration of the proposed Project.   I acknowledge that the submission of this Application does not constitute a commitment on the part of the Department of Canadian Heritage (Department) to award funding.  I authorize the Department to disclose any information submitted in this Application within the Government of Canada or to outside entities, subject to applicable restrictions associated with privacy, confidentiality and security for the following purposes:   * To reach a decision on this application or any other application by the applicant under any other government program; * To administer and monitor the grants and contributions; * To evaluate program results; * To transfer data for statistical purposes; * To support transparency, accountability and citizen engagement; * To explore the possibility of funding from another federal government program; and * To respond to requests made under the [Access to Information Act](https://laws-lois.justice.gc.ca/eng/ACTS/A-1/index.html) and the [Privacy Act](https://laws-lois.justice.gc.ca/eng/ACTS/P-21/index.html). | |
| **Attestation** | |
| If funds are approved, as the person that has the legal authority to bind and apply on behalf of the Applicant, I agree that:   * This **Application**, the **Funding Approval Letter**, and any additional conditions agreed upon in a separate agreement, will constitute the entire agreement between myself (the **Applicant**) and the Department of Canadian Heritage, effective as of the date of the **Funding Approval Letter**; * Funding received, whether received as a grant or a contribution, may be audited by the Department or the Auditor General of Canada (pursuant to clause 7.1 of the Auditor General Act, R.S.C. (1985)); * If found to have submitted false or unsupported information, the Applicant may be required to repay the full amount of the financial support received and may be declared ineligible for funding from the Department for the next two fiscal years or more; * This Agreement does not create a partnership, agency or joint venture and I shall not represent myself as an agent, partner or employee of the Department in carrying it out; * I will share results, as requested; * If the proposed Project, the Applicant or any individual or entity (including any consultant) associated with the proposed Project, fail to remain eligible as per the Program Application Guidelines for the entire duration of the proposed Project, this will constitute a breach of this Declaration and Attestation; and * Where in the Department’s opinion there is a breach of this Declaration and Attestation, I acknowledge and agree that the Department may suspend any payment, reduce the funding level or may require the Applicant or I to repay any amounts already paid. I also acknowledge that the Applicant or I may be declared ineligible for subsequent funding from the Department.   In addition, I shall:   * Use the funds only for the purposes specified in the Agreement; * Indemnify the Department from any claim or cause of action arising from injury, damage, or death sustained in carrying out this Agreement; and * [Publicly acknowledge](https://www.canada.ca/en/canadian-heritage/services/funding/acknowledgement-financial-support.html), in English and in French, the funding received from the Government of Canada in all communication materials related to the Agreement, such as program materials, public announcements, speeches, websites, and social media. | |
| \* I Accept (required) \* | Yes  / No |
| \* Name (required) \* |  |
| \* Title (required) \* |  |
| \* Date (required) \* |  |
| **X**  Authorized Signature (required)  **IMPORTANT: Please note that we accept both digital (i.e. Adobe Digital Signature Certificate) and pen/pencil signatures. For pen/pencil signatures, you must print, sign and scan the Declaration/Attestation and Application checklist pages and submit both with the application form. Signatures typed using a keyboard will not be accepted.** | |

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| **Part G – Unincorporated Applicant Acceptance of Liability Form** | | |
| Please complete this form, and have it signed and dated, and then submit with your application.  NOTE: The Department of Canadian Heritage will not issue any payments before receiving this form properly completed.  Name of the unincorporated organization or ad hoc committee, hereafter known as “the Applicant”:    Department of Canadian Heritage Funding Program    Project Title    Where the Applicant is not incorporated, it is agreed that all members of the Applicant named below shall undertake to be personally, jointly, and severally liable for all obligations, covenants, promises, liabilities, and expenses arising out of the financing, which may be granted to the applicant. This form requires signatures from a majority of the controlling membership (18 years of age or older). The unincorporated applicant must open a bank account in the name of its group (Applicant’s name) (required). In the event that funding should be awarded by the Department of Canadian Heritage, a cheque will be issued in the Applicant’s name.  **Privacy Notice**  The collection of personal information is authorized by section 4 of the [Department of Canadian Heritage Act](https://laws-lois.justice.gc.ca/eng/acts/C-17.3/page-1.html#h-69712) and is required to process your application. Collection and use of this personal information is in accordance with the [Privacy Act](https://laws-lois.justice.gc.ca/ENG/ACTS/P-21/index.html). The personal information collected will be retained for seven years after the file is closed. Under the Privacy Act you have the right of access to, and correction of, your personal information. To exercise either of these rights, contact Canadian Heritage’s ATIP Coordinator by email at [pch.aiprp-atip.pch@canada.ca](mailto:pch.aiprp-atip.pch@canada.ca). If you are not satisfied with Canadian Heritage’s response to your privacy concern, you may wish to contact the [Office of the Privacy Commissioner of Canada](https://www.priv.gc.ca/en/) by telephone at 1-800-282-1376.  **Person Authorized to Represent the Applicant**  We, the undersigned, as a majority of the controlling membership of the Applicant, attest that we have read, understand, and agree to the terms outlined in the funding application to the Department of Canadian Heritage for the above-mentioned Project Title. In addition, we, the undersigned, authorize: | | |
| Given Name | Family Name | |
| Date of birth (dd-mm-yyyy) | Title/Role | |
| Signature:  **X** | Date (dd-mm-yyyy) | |
| To represent the applicant regarding all matters related to, or arising out of this application for funding.  **Controlling Members of the Applicant Organization** | | |
| Given Name | Family Name | |
| Title/Role | Date of birth(dd-mm-yyyy) | |
| Home Address | | |
| Province/Territory | Postal code | |
| Signature:  **X** | Date (dd-mm-yyyy) | |
| Given Name | Family Name | |
| Title/Role | Date of birth(dd-mm-yyyy) | |
| Home Address | | |
| Province/Territory | Postal code | |
| Signature:  **X** | Date (dd-mm-yyyy) | |

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| **Part H – Application Checklist (signature required)** |

**The signed Application Checklist is a required document for a complete application.** Please check the boxes to indicate what documents you have included in your application package and include this list with your application.

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| **All applications must include:** | |
|  | TheApplication Form Parts A to F (signature required for Part F) |
|  | A balanced Budget **(no surplus or deficit)** |
|  | Part H – Application Checklist (signature required) |
|  | A copy of your most recent financial statements (audited if available) |
| **Incorporated applicants must include:** | |
|  | A copy of your organization’s letters patent and documents of incorporation. |
|  | A list of your Board of Directors members (\* please notify Canadian Heritage of any changes in the Board of Directors membership during the course of the project) |
|  | A copy of your organization’s bylaws |
| **Unincorporated applicants must include:** | |
|  | A copy of your articles of association (Terms of Reference are accepted, as required document) |
|  | Part G – The *Unincorporated Applicant Acceptance of Liability* form (signatures required) |

I attest that this information has been included in the application.

**X**

Authorized Signature (required)

Name (required)

Date YYYY-MM-DD (required)

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| **Part I - Direct Deposit Enrollment Request** | | | | | | | |
| Direct Deposit is a Government of Canada initiative. The federal government is phasing out cheques in favour of direct deposit for all government payments. For further information on direct deposit, please consult the following website:<https://www.tpsgc-pwgsc.gc.ca/recgen/txt/depot-deposit-eng.html> | | | | | | | |
| Have you submitted a Direct Deposit Enrollment Request to Canadian Heritage in the past two years? (required)  Yes  No  If No, please complete this form. | | | | | | | |
| Has the authorized representative (accounting or financial) changed since the last time you submitted a Direct Deposit Enrollment Request? (required)  Yes  No  If Yes, please provide the name of the Authorized Representative and their email address: | | | | | | | |
| **Part J – Direct Deposit Information** | | | | | | | |
| Please keep Canadian Heritage informed of any change to your account (mailing address or bank account).  Please note that providing your Direct Deposit information does not guarantee funding. | | | | | | | |
| Name of Organization (must match application) | | | | | | | |
| Street Address, Suite No., R.R., or P.O. Box (required) | | | | | | | |
| City / Town (required) | | Province / Territory (required) | | | | | Postal Code (required) |
| Authorized Representative (required) | | | | | | | |
| Phone number (required) | Extension (optional) | | | E-mail Address (required) | | | |
| Language Preference (required)  English  French | | | | | | | |
| Will you be attaching an original blank cheque for your bank account with "VOID" written on it? (required)  Yes  No If no, Part K must be completed.  Image of a cheque with Void - Nul written on it. | | | | | | | |
| **Part K -**  **You must ensure to have the original bank stamp on the form confirming the banking information entered in Part K of this form.** | | | | | | | |
| Branch number (required) | | | Institution number (required) | | | Account number (required) | |
| Name of First Account Holder (required) | | | | | | | |
| Name of Second Account Holder (required if applicable) | | | | | | | |
| Financial Institution Stamp Here | | | | | | | |
| The information provided is protected under the *Privacy Act.*  I, as the person entitled to represent the above organization, authorize the Receiver General for Canada to deposit the payment(s) directly into the above account until further notice. | | | | | | | |
| Authorized Representative Signature (print) | | | | | Date of Signature (YYYY-MM-DD) | | |
| **Part L -**  **For Internal use only** | | | | | | | |
| Vendor code | | | | | Verified by | | |

**Submitting Your Direct Deposit Enrollment Request**

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| If you print this form and complete it by hand, please mail it and a void cheque to your [Canadian Heritage Regional Office](https://www.canada.ca/en/canadian-heritage/contact-us.html) along with the rest of your application.  To submit your form electronically, scan the original version of the void cheque and this form, and email the scanned documents to Canadian Heritage along with the rest of your application.  **No faxed forms will be accepted.** |