



Grant Application for Funding – New Horizons for Seniors Program (NHSP)

COMPLETING THE FORM

This is a standard form used by multiple programs at Employment and Social Development Canada. In Section B, you will need to identify the funding request to which you are applying.

You must read the Applicant Guide that is specific to the program to which you are applying. Each funding program may have specific eligibility requirements, priorities, or supporting documents to submit with the completed Application Form.

Unless otherwise indicated in the Applicant Guide or on this form, you must complete all parts of the Application Form. Employment and Social Development Canada reserves the right to refuse applications that are incomplete or contain errors. We recommend that you save the Application Form often.

If a closing date is posted, you must submit your Application Form by that date. We will not accept applications received after a closing date.

This document includes the following sections:

Section A – Notice to Applicants

Section B – Program Information

Section C – Application Form

Part 1 – Organization

Part 2 – Project Proposal

Part 3 – Budget

Part 4 – Program Specific Questions and Checklist

Part 5 – Attestation

HOW TO SUBMIT THE FORM AND SUPPORTING DOCUMENTS

Consult the Applicant Guide for instructions on how to submit your application and supporting documents.

SECTION A – Notice to Applicants**Attestation**

In order for your application to be eligible, you must have the authority:

- to submit project proposals for the applicant organization, and
- to enter into contracts and agreements on behalf of this organization

By checking the 3 boxes in Section C – Part 5 in the form, you certify that the information in the application is:

- true
- accurate, and
- complete

You must provide:

- your name
- your title, and
- the date

No signature is required.

Information in the form

The completion of this application form is voluntary. We will use this information to assess your project.

We may also use or disclose your application information:

- to share information with others outside the government as a part of the review process
- for policy analysis
- to do some research
- for evaluation

Note that these additional uses or disclosures of your personal information will never affect your relationship with this department or any other government organization.

Personal information

We ensure to manage personal information according:

- to the *Department of Employment and Social Development Act*
- to the *Privacy Act*, and
- other applicable laws

You have the right:

- to protect your personal information, and
- to access or change your personal information

If you have privacy concerns or you are not satisfied with our response, contact the [Office of the Privacy Commissioner of Canada](#).

Access to information

After this process, the information on successful applications will be available on [Open Government](#).

Your application is also subject to the *Access to Information Act* (ATIA). The ATIA gives every person a right to access information under the department's control, except for some [exemptions](#).

Find [instructions for accessing this information](#). You can also visit a Service Canada Centre.

SECTION B – Program Information

Select only one funding request per application.

New Horizons for Seniors Program (NHSP)

The New Horizons for Seniors Program provides grants and contributions funding to organizations that want to help seniors make a difference in the lives of others and in their communities.

- Funding requested: Small Grants (up to \$5,000)
 Community-based Projects (up to \$25,000)

SECTION C – Part 1 – Organization

ORGANIZATION IDENTIFICATION

1. Legal Name (Organization's full name, as it appears on legal documents)

2. Operating Name (if different from legal name)

3. Year Established (Year the organization was originally created.)

4. Organization Type

- Not-For-Profit Private Sector Public Sector

5. Organization Category - For example: Sector councils; University; Municipal Government; etc. (see Applicant Guide for more examples).

6. Canada Revenue Agency (CRA) Business Number - Unique 15-digit number that is assigned to your business or legal entity by CRA.

If you do not have a CRA Business Number, provide one of the following:

For example: Your provincial/territorial corporation number (i.e. number found on your Letters Patent) or your federal corporation number with Industry Canada (see Applicant Guide for further details).

Other Registration Number:

or

I have provided a separate document confirming the proof of operations for my organization.

Specify type of document(s):

7. Organization Primary Address

Street number and name

City or Town

Province or Territory

Postal Code

Country

Telephone Number and Ext.

E-mail Address

8. Mailing Address - Is it the same as the Organization Primary Address?

Yes No

If no, include below.

Mailing Address

Street number and name

City or Town

Province or Territory

Postal Code

Country

Telephone Number and Ext.

9. Organization's Primary Activities - (In no more than 500 words, provide a description of your organization's primary activities.)

Select the target group(s) that best aligns with your organization's primary activities (more than one may be selected).
 Note: your answer to this question will not impact the assessment of your proposed project. (Optional)

- Select all groups
- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Seniors | <input type="checkbox"/> Newcomers | <input type="checkbox"/> Visible Minorities | <input type="checkbox"/> Youth |
| <input type="checkbox"/> Women | <input type="checkbox"/> LGBTQ2 | <input type="checkbox"/> People with Disabilities | <input type="checkbox"/> Low Income |
| <input type="checkbox"/> Remote / Rural | <input type="checkbox"/> Individuals Experiencing Homelessness | <input type="checkbox"/> Official Language Minority Communities | |
| <input type="checkbox"/> Indigenous (specify) | | | |
| <input type="checkbox"/> First Nations | <input type="checkbox"/> Inuit | <input type="checkbox"/> Metis | <input type="checkbox"/> Urban/Non Affiliated |
| <input type="checkbox"/> Other (specify) | <input style="width: 700px; height: 20px;" type="text"/> | | |
| <input type="checkbox"/> Not Applicable | | | |

ORGANIZATION CONTACTS

PRIMARY CONTACT - This should be your primary contact person with respect to this application for funding.

10. Given Name/Surname

Name: Surname:

11. Position Title

12. Preferred language of communication

Written: English French Spoken: English French

13. Primary Contact - Address

Same as Organization Primary Address Same as Organization Primary Mailing Address Different (include below)

Street number and name City or Town

Province or Territory Postal Code Country

Telephone Number and Ext. E-mail Address

SECONDARY CONTACT - This should be your secondary contact person with respect to this application for funding in case we cannot reach the primary contact.

14. Given Name/Surname

Name: Surname:

15. Position Title

16. Preferred language of communication

Written: English French Spoken: English French

17. Secondary Contact - Address

Same as Organization Primary Address
 Same as Organization Primary Mailing Address
 Different (include below)

Street number and name	City or Town	
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	
Province or Territory	Postal Code	Country
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	Canada
Telephone Number and Ext.	E-mail Address	
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	

18. Does your organization owe any amounts to the Government of Canada?

Yes No

If yes, complete the fields below for each amount owing.

	Amount Owing	Nature of the amount owing (e.g. taxes, penalties, overpayments)	Department or agency to which amount is owed	19. If an amount is owing, is a payment plan in place?
A.				<input type="checkbox"/> Yes <input type="checkbox"/> No
B.				<input type="checkbox"/> Yes <input type="checkbox"/> No
C.				<input type="checkbox"/> Yes <input type="checkbox"/> No
D.				<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION C – Part 2 – Project Proposal

PROJECT PROPOSAL IDENTIFICATION

20. Project Title

21. Planned Project Start Date (YYYY-MM-DD)

22. Planned Project End Date (YYYY-MM-DD)

23. Amount requested from Employment and Social Development Canada

PROJECT PROPOSAL DESCRIPTION

24. Project Summary In 500 words or less, describe the need of the proposed project including what it aims to achieve (objective and anticipated results), and who is the targeted group.

[Empty text box for project summary]

25. In 500 words or less, describe how the proposed project meets the objective(s) and/or priority(ies) of the funding program under which you are applying.

26. Project Activities and Timelines (Provide the activities and their timelines that will be taking place as part of this proposed project.)

Activities	Timelines	

Not applicable because I am applying for the the Small Grants (up to \$5,000) stream under the New Horizons for Seniors Program.

27. Will any of the proposed project activities be delivered at your organization’s primary address?

Yes No

Will any of the proposed project activities be delivered in a different location from your organization’s primary address?

Yes No

If yes, include the address for every other location where project activities will occur:

	Other project address	City or Town	Province or Territory	Postal Code
A.				
B.				
C.				
D.				

28. Will the project or any of its activities involve or benefit people in English or French linguistic minority communities in Canada, in some way?

- Yes
 No
 Not Applicable

If yes, in about 250 words, provide an explanation and any details on the actions and communication activities you will take to meet that community's needs.

29. Is your project targeting vulnerable groups?

- Yes
 No

If yes, select the specific target group(s) that applies to your project.

- Select all groups
- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Seniors | <input type="checkbox"/> Newcomers | <input type="checkbox"/> Visible Minorities | <input type="checkbox"/> Youth |
| <input type="checkbox"/> Women | <input type="checkbox"/> LGBTQ2 | <input type="checkbox"/> People with Disabilities | <input type="checkbox"/> Low Income |
| <input type="checkbox"/> Remote / Rural | <input type="checkbox"/> Individuals Experiencing Homelessness | <input type="checkbox"/> Official Language Minority Communities | |
| <input type="checkbox"/> Indigenous (specify) | | | |
| <input type="checkbox"/> First Nations | <input type="checkbox"/> Inuit | <input type="checkbox"/> Metis | <input type="checkbox"/> Urban/Non Affiliated |
| <input type="checkbox"/> Other (specify) | <input style="width: 700px; height: 20px;" type="text"/> | | |

SECTION C – Part 3 – Budget

30. PROJECT COSTS - (expenses) for the eligible activities or services of the proposed project

List each <u>eligible</u> activity or service:	Cost is:		Cost (\$ value)
	Cash	Donation (In-kind)	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
Total cost of <u>eligible</u> activities and/or services*			

31. FUNDING SOURCES - (revenues) for the proposed project costs noted above

List Organization Name for each Funding Source (can be other governments, a private sector organization, or self-funded)	Funding amount is:			Funding Amount (\$ value)
	Cash	Donation (In-kind)	Confirmed (guaranteed)	
Amount requested from Employment and Social Development Canada**				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Total funding for eligible activities or services*				

* Total cost in Question 30 and total funding of eligible activities and/or services in Question 31 must equal each other.
 ** Amount must correspond with the amount listed in Question 23.

BUDGET DETAILS

32. Use this field to provide any further budget details that you may find necessary in describing your project. (This field is optional if you want to provide more information.)

Empty text area for providing budget details.

SECTION C – Part 4 – Program Specific Questions and Checklist

New Horizons for Seniors Program (NHSP)

Program Specific Questions

33. Choose one or more program objectives that supports your proposed project. Your proposed project must support at least one of the following program objectives. Note: if a capital assistance objective supports your proposed project, it must link to at least one of the other objectives

- Promoting volunteerism among seniors and other generations.
- Engaging seniors in the community through the mentoring of others.
- Expanding awareness of elder abuse, including financial abuse.
- Supporting the social participation and inclusion of seniors.
- Providing capital assistance for new and existing community projects and/or programs for seniors.

34. Choose one or more national priorities that supports your proposed project (see Applicant Guide for further instructions).

- Priority 1: Supporting healthy ageing
- Priority 2: Preventing elder abuse and fraud
- Priority 3: Combatting ageism, celebrating diversity and promoting inclusion
- Priority 4: Improving seniors' access to government services and benefits
- Priority 5: Adapting community-based organizations to a more virtual environment

35. In about 250 words, describe how your community supports this project. Applicants are required to provide a letter of support from at least one organization or official who supports the project.

- Not applicable because I am applying for the Small Grants (up to \$5,000) stream under the New Horizons for Seniors Program.

36. Indicate the number of seniors and non-seniors who will take part in the planning and design of the proposed project activities.

Number of Seniors:

Number of Non-Seniors:

In about 250 words, describe what will be their role in the planning and design of the proposed project.

Not applicable because I am applying for the Small Grants (up to \$5,000) stream under the New Horizons for Seniors Program.

37. After the project is complete, how many individuals do you think will benefit from the proposed project activities?

Number of Seniors:

Number of Non-Seniors:

In about 250 words, explain how the individuals will benefit from the proposed project.

Not applicable because I am applying for the Small Grants (up to \$5,000) stream under the New Horizons for Seniors Program.

Program Checklist

Please review the following checklist carefully. Errors or incomplete applications will result in delayed processing and/or rejection.

- I read the Applicant Guide in relation to this funding request.
- I answered all of the questions in each section of this application form (unless otherwise indicated).
- I provided a copy of my business' registration or proof of operations in relation to Questions 6.
- I provided the necessary quote in relation to Question 30 - for activities related to repairs, renovations and/or maintenance of facilities.
- I provided a supporting letter from a community representative/organization in relation to Question 35.
- I will attest to the contents in Section C – Part 5 of this application form.

HOW TO SUBMIT THE FORM AND SUPPORTING DOCUMENTS

Consult the Applicant Guide for instructions on how to submit your application and supporting documents.

SECTION C – Part 5 – Attestation

In order for your application to be eligible, an official representative who has the capacity and the authority to submit project proposals and enter into contracts and agreements on behalf of your organization must attest to the following:

- I have the capacity and the authority to submit this Application for Funding on behalf of the applicant organization.
- I certify and warrant on behalf of the organization and in my personal capacity that the information provided in this Application for Funding and any supporting documentation is true, accurate, and complete.
- I have read the Applicant Guide and understand the program’s requirements.

Official Representative Name (print)	
Title (print)	Date (YYYY-MM-DD)
Official Representative Name (print)	
Title (print)	Date (YYYY-MM-DD)
Official Representative Name (print)	
Title (print)	Date (YYYY-MM-DD)