

Sexual Assault Centre Contribution Program Application

DND - Sexual Misconduct Response Centre (SMRC)

Please refer to the *Sexual Assault Centre Contribution Program Application Guide* to complete this application.

Project name

Part A: Organization information

Contact information

1. Your organization
Organization name

Website

2. Person responsible for the development of the project

Last name	First name	Phone number(s)
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Title	Email
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3. Person primarily responsible for your organization *(if different from the above)*

Last name	First name	Phone number(s)
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Title	Email
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4. Are your programs and services offered in French and/or English? English French Both

Legal eligibility

5. Is your organization a Canadian not-for-profit corporation? Yes No

If "No", your organization is not eligible for funding.

Nine digit incorporation / registration (GST) number: _____

6. Is your organization located in the Province of Québec? Yes No

If "Yes", please email the SMRC program (SMRC-Contribution-CIIS@forces.gc.ca) to request the supporting documentation form relative to Chapter M-30 of the *Act Respecting the Ministère du Conseil Exécutif* (M-30).

7. Has your organization received funding from any level of government (*federal / provincial / territorial / municipal*) or a private foundation in the last three years? Yes No

If "Yes", please provide the funding sources organization, amounts and start / end dates of the funding.

Formulaire disponible en français - DND 4616-F

Part A: Organization information (cont'd)

Legal eligibility (cont'd)

8. Does your organization owe any amounts to the Government of Canada? Yes No

If "Yes", please 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	Payment plan in place?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Have you applied for or received funding from any other sources for this project? If so, please indicate the sources of funding and the status of your application(s).

Please also attach the two most recent years of the organization's financial statements and annual reports to your application.

Part B: Organization capacity

Assessment criteria:

- Experience and expertise (20%)
- Governance (10%)
- Partnerships (5%)

10. What is the distance (in kilometres) from your centre to the main entrance of the nearest CAF base listed in the Guide (see the Application Guide for how to measure that distance)?: _____

11. Describe the accessibility of the location of your centre within the community and relative to the location of the CAF base (public transportation, parking, etc.)

12. Provide a brief description of your organization's mandate and main activities, programs and services.

13. Provide a brief description of your organization's primary client group(s).

14. Please also provide (as an annex) an organization chart of your governance and staff / volunteer structure, as well as an outline of the project management structure.

Part B: Organization capacity *(cont'd)*

15. Has your organization undergone any important transformations in the past two (2) years?

If "Yes" please provide a description of the changes and the current status.

16. Describe your organization's capacity, experience and expertise to carry out the proposed project. Where relevant, please describe / list the education, training and professional qualifications of key project staff *(e.g., such as professional designations of counsellors / therapists)*.

17. In what ways are the services offered by your organization structured to address the specific needs of survivors from a diversity of backgrounds *(e.g., differences of gender identity, gender expression, sexual orientation, language, culture, ethnicity, racialization, religion, indigeneity, etc.)*?

Part B: Organization capacity (cont'd)

18. What established partnerships, relationships, and/or collaborations does your organization have with organizations within the community relevant to this project? With military or military-affiliated service providers (e.g., *Military Family Resource Centres* or *military mental health service providers such as the regional Operational Trauma and Stress Support Centres, police, child protection, etc.*)?

Please list and describe them below.

Organization / Partner	Description of relationship

Part B: Organization capacity *(cont'd)*

19. This space is provided for any additional comments or overflow from previous sections.

Part C: Project design

Project identification

Assessment criteria:

- Fit / alignment (10%)
- Overall concept (10%)
- Results management - Logic model (5%)
- Results management - Activities (5%)
- GBA+ (10%)
- Partnerships (10%)

20. Planned project start and end dates (*note: please see Application Guide for instructions*)

Start date (yyyy-mm-dd): _____ / End date (yyyy-mm-dd): _____

21. Total amount of funding requested from this contribution program: _____

Project description

22. Project summary: Briefly describe your project, including the activities, the problem / need being addressed, the overall objectives and the approach to be taken as well as describing the target client population (*beneficiaries*) and how they will be reached. Be sure to describe the project's alignment with your organization's other programs and services and with the SMRC's program objectives.

Part C: Project design (cont'd)

Project description (cont'd)

23. Is your project designed to benefit clients in English or French-language minority communities? Please explain.

24. Describe how the project will include Gender-Based Analysis Plus (GBA+) in its design and delivery, and how GBA+ will be used to achieve the project's objectives. For more information, consult the Application Guide.

25. Partners: If other organizations, networks or partners will be involved in carrying out the project, please identify the role(s) and expertise they will bring to the project and include in your application package signed attestation(s) from the organization(s) representative(s) (who has signing authority).

Organization / Partner	Role, expertise and/or contribution <i>(e.g. implementing partner, advisor, financial and/or in-kind contribution)</i>

Part C: Project design (cont'd)

Results-based management

Include a project logic model as an annex to your application. The Ultimate and Intermediate outcomes and indicators are required for SMRC performance measurement purposes and should not be deleted or changed in the guide and template. The performance measurement framework is not required as part of the application submission, but if your project is approved, will be required within 60 days of program start up.

26. Logic model narrative

Based on the SMRC's required Ultimate and Intermediate Outcomes (*provided in the logic model template*), describe the causal link between your project's activities and outcomes, to provide justifications for how and why the expected results will be realized by the planned activities.

27. Monitoring

Describe how your organization intends to monitor the performance of your project.

Part C: Project design (*cont'd*)

28. Additional comments

Part D: Budget information

Annex B

The Budget Template workbook contains three worksheets, which must be completed:

- i. Budget Template
- ii. Line Item Descriptions Template
- iii. Cash Flow Forecast Template

Required attachments

Attach the following to your application submission:

- Annex A: Logic model
- Annex B: Completed Budget Template workbook which includes:
 - Budget table
 - Line item description and
 - Cash flow forecast
- Two years of your organization's most recent financial statements (*preferably audited*) and annual reports
- May also include:
 - Confirmations of participation / collaboration from partner organizations
 - Organization chart(s)

Declaration

I, the undersigned, on behalf of _____,
(insert legal name of Applicant)

Applicant to the Sexual Assault Centre Contribution Program administered by the Sexual Misconduct Response Centre (SMRC) on behalf of the Minister of National Defence, hereby certify that I am authorized to submit this application on behalf of the Applicant and declare the following:

- a. The information contained in the application form is true, accurate and complete.
- b. The Applicant satisfies the eligibility requirements for this funding program, and eligibility will be maintained for the duration of the program.
- c. The Applicant is duly incorporated and validly existing in Canada.
- d. All the necessary authorities for the Applicant to undertake the proposed project are in place.
- e. I authorize the SMRC to obtain references from any of my funders or partners.
- f. I acknowledge that the Minister of National Defence has the sole discretion to make a determination as to whether the Applicant is eligible under the program. The submission of an Application Form does not constitute a commitment on the part of the Minister of National Defence to award funding. The Minister of National Defence has the sole discretion to cancel this Program at any point in time.

Authorized representative of Applicant

Last name (<i>print</i>)	First name (<i>print</i>)	Title (<i>print</i>)
Signature		Date (<i>yyyy-mm-dd</i>)