



*Executive Council Office,
Intergovernmental Affairs Secretariat*

PROGRAM ON THE PROVISION OF OFFICIAL-LANGUAGE SERVICES (POLS)

PROJECT SUBMISSION FORM

April 1, 20__ to March 31, 20 __

Project Number (for IGA use only)

NOTE

Departments, institutions, or organizations interested in submitting a funding application under this program are advised to read the program parameters carefully and to pay special attention to the selection criteria for the proposed activities or projects.

This form contains five sections which must be completed and returned to Intergovernmental Affairs in accordance with the schedule on page 2. A duly completed application form is required for our files. We will accept project proposals **until April 15, 2017**.

PROGRAM ON THE PROVISION OF OFFICIAL-LANGUAGE SERVICES (POLS)

SCHEDULE

<p>April 15, 2017</p> <p>Part A – Information about the department/agency/organization (Page 3)</p> <p>Part B – Project information (Pages 4-9)</p> <p>All fields in Part A (Information about the department/agency/organization) and Part B (Project information) must be completed and returned to Intergovernmental Affairs no later than April 15, 2017.</p>
<p>November 15, 2017</p> <p>Part C – Interim financial statement (Page 10)</p> <p>The Interim financial statement will allow, for the payment of the second installment of the contribution, if applicable, granted under the POLS program. Part C (Interim financial statement) must be completed and returned to Intergovernmental Affairs no later than November 15.</p>
<p>May 31, 2018</p> <p>Part D – Grant use report (Page 11)</p> <p>Part E – Final financial statement (Page 12)</p> <p>Part D (Grant use report) and Part E (Final financial statement) must be completed and returned to the Department of Intergovernmental Affairs no later than May 31, 2017.</p>
<p>Canadian Francophonie and Official Languages Branch Intergovernmental Affairs Secretariat Executive Council Office Chancery Place P. O. Box 6000 Fredericton, N.B. E3B 5H1</p> <p>Tel.: 506-453-3078 Fax: 506-444-5612 E-mail: PLSO-POLS@gnb.ca</p>

PROGRAM ON THE PROVISION OF OFFICIAL-LANGUAGE SERVICES (POLS)

PART A – INFORMATION ON THE DEPARTMENT/AGENCY/ORGANIZATION

NAME OF ORGANIZATION OR DEPARTMENT:	
NAME OF PERSON IN CHARGE OF PROJECT IMPLEMENTATION:	
PERMANENT ADDRESS (NUMBER, STREET):	
CITY:	POSTAL CODE:
TELEPHONE:	FAX:
E-MAIL:	INTERNET SITE

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PART B – PROJECT INFORMATION

1. PROJECT TITLE:
2. BRIEF DESCRIPTION OF PROJECT:
3. WHAT ARE THE OBJECTIVES OF THE PROJECT?
4. LIST THE MAIN PERFORMANCE INDICATORS.
5. WHAT ACTION IS PLANNED FOR THE CURRENT FISCAL YEAR (APRIL 1 – MARCH 31)?
6. HOW WILL THIS PROJECT ENABLE THE PROVINCE OF NEW BRUNSWICK TO ATTAIN THE OBJECTIVES SET OUT IN ITS ACTION PLAN? CLEARLY SHOW HOW THIS PROJECT SUPPORTS THE IMPLEMENTATION OF GOVERNMENT PRIORITIES IN THE SECTOR.
7. IS YOUR PROJECT LONGER THAN ONE YEAR IN DURATION? SPECIFY IN TERMS OF DESIRED RESULTS AND FUNDING.

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8. LIST THE MAIN BENEFICIARIES AND LONG-TERM IMPACTS.

9. EXPECTED RESULTS AT COMPLETION OF PROJECT:

10. DEMONSTRATE PROJECT VIABILITY AFTER THE POLS FUNDING PERIOD.

11. LIST THE PARTNERS AND COLLABORATORS.

12. HAVE YOU RECEIVED FUNDING FOR THIS PROJECT UNDER THE POLS PROGRAM IN THE PAST? Yes No
IF YES, HOW MUCH IN TOTAL? _____ \$ FOR WHICH YEAR(S)? _____

13. HAVE YOU RECEIVED FUNDING UNDER POLS FOR OTHER PROJECTS? Yes No
IF YES, HOW MUCH IN TOTAL? _____ \$ FOR WHICH YEAR(S)? _____

PROJECT TITLE(S) _____

14. BUDGET (P.6)

A. **PLEASE ATTACH A DETAILED BUDGET** INCLUDING ANTICIPATED REVENUE AND EXPENDITURES FOR CURRENT YEAR (SPECIFY AMOUNT REQUESTED UNDER THE POLS PROGRAM).

B. INDICATE WHICH ITEMS OF THE BUDGET ARE TARGETED FOR POLS FUNDING

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BALANCED BUDGET

Funding will not exceed 50% of eligible expenditures. Eligible expenditures consist of costs directly linked to the implementation of the project. Excluded are operating costs, including regular employee salaries, capital costs or purchase of movable assets.

Overall Budget
April 1 - March 31

EXPENDITURES

- 1. Salaries and benefits _____
- 2. Travel expenses _____
- 3. Fees _____
- 4. Office expenses _____
- 5. Advertising and promotion _____
- 6. Other (specify) _____

TOTAL EXPENDITURES _____

REVENUE

(Indicate whether or not revenue amounts are confirmed)

- 1. POLS grant _____
- 2. Provincial Government _____
 - Dept. _____
 - Program _____
- 3. Federal Government _____
 - Dept. _____
 - Program _____
- 4. Municipal Government _____
- 5. Funding from applicant _____
- 6. Funding from partner organizations _____
- 7. Other (specify) _____

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TOTAL REVENUE _____

NET EXPENDITURES (Expenditures - Revenue) _____

	Name	Signature	Date
Project manager	_____	_____	_____
Financial manager	_____	_____	_____

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Using your analysis of the attached action plan, check off the priority area (1 selection only) of the program and the activity sector (1 selection only) to which your project belongs.

<p><input type="checkbox"/> Focus 1:</p> <p>Strengthening the policy, legislative, and administrative framework</p>	<p><input type="checkbox"/> Focus 2:</p> <p>Support for the development, planning, and provision of government programs and services in French in key sectors</p>	<p><input type="checkbox"/> Focus 3:</p> <p>Support for structuring initiatives that help achieve the government's priorities</p>
<p>Activity sectors Focus 1:</p> <p><input type="checkbox"/> 1.1 MANAGEMENT AND ACCOUNTABILITY FRAMEWORK</p> <p><input type="checkbox"/> 1.2 PLAN FOR MEETING THE GOVERNMENT'S LINGUISTIC OBLIGATIONS</p>	<p>Activity sectors Focus 2:</p> <p><input type="checkbox"/> 2.1 HEALTH AND WELLNESS</p> <p><input type="checkbox"/> 2.2 EARLY CHILDHOOD</p> <p><input type="checkbox"/> 2.3 LOCAL GOVERNANCE AND REGIONAL DEVELOPMENT</p> <p><input type="checkbox"/> 2.4 SERVICES FOR SENIORS</p> <p><input type="checkbox"/> 2.5 PROFESSIONAL ASSOCIATIONS</p> <p><input type="checkbox"/> 2.6 LANGUAGE SECTOR</p>	<p>Activity sectors Focus 3:</p> <p><input type="checkbox"/> 3.1 LITERACY</p> <p><input type="checkbox"/> 3.2 YOUTH</p> <p><input type="checkbox"/> 3.3 FRANCOPHONE ARTS AND CULTURE</p>

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A copy of your organization's constitution and by-laws must be included with your project proposal.

Signature of project manager

Signature of authorities in the department or organization responsible for the project

Name (please print)

Name (please print)

Title

Title

Date

Date

We will accept project proposals until **April 15, 2017**. Please forward to:

Canadian Francophonie and Official Languages Branch
Intergovernmental Affairs Secretariat
Executive Council Office
Chancery Place
P. O. Box 6000
Fredericton, New Brunswick E3B 5H1

Tel.: 506-453-3078
Fax : 506-444-5612
e-mail: PSLO-POLS@gnb.ca

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**PART C – INTERIM FINANCIAL STATEMENT
(April 1 to October 31)**

	Actual April 1 - Oct. 31	Forecast Nov. 1 - March 31	
<u>EXPENDITURES</u>			
1. Salaries and benefits	_____	_____	
2. Travel expenses	_____	_____	
3. Fees	_____	_____	
4. Office expenses	_____	_____	
5. Advertising and promotion	_____	_____	
6. Other (specify)	_____	_____	
_____	_____	_____	
_____	_____	_____	
TOTAL EXPENDITURES	_____	_____	
<u>REVENUE</u>			
1. POLS grant	_____	_____	
2. Provincial Government	_____	_____	
- Dept. _____			
- Program _____			
3. Federal Government	_____	_____	
- Dept. _____			
- Program _____			
4. Municipal Government	_____	_____	
5. Funding from applicant	_____	_____	
6. Funding from partner organizations	_____	_____	
7. Other (specify)	_____	_____	
TOTAL REVENUE	_____	_____	
NET EXPENDITURES (Expenditures - Revenue)	_____	_____	
	Name	Signature	Date
Project manager	_____	_____	_____
Financial manager	_____	_____	_____

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PART D – GRANT USE REPORT

OUTPUTS ACHIEVED - An output designates the product or service resulting from the activities. What was produced? - (Refer to the Outputs in the Action Plan to the sector to which your project corresponds.)

COMPLIANCE WITH THE PROJECT PRESENTED AND TARGET OBJECTIVES (Show how activities completed correspond with the project presented and target objectives. (Refer to the performance indicators in the Action Plan to the sector to which your project corresponds. Include quantitative data.)

FORESEEABLE LONG-TERM EFFECTS AND OTHER FUTURE ACTIVITIES

PLEASE COMMENT ON THE SUCCESS OF YOUR PROJECT (Attach any documents related to carrying out the project, i.e. advertising, newspaper articles, quantitative data, etc.)

GOVERNMENT ASSISTANCE REFERENCED. Please attach corresponding documents

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PART E – FINAL FINANCIAL STATEMENT (April 1 to March 31)

EXPENDITURES

- | | |
|------------------------------|-------|
| 1. Salaries and benefits | _____ |
| 2. Travel expenses | _____ |
| 3. Fees | _____ |
| 4. Office expenses | _____ |
| 5. Advertising and promotion | _____ |
| 6. Other (specify) | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

TOTAL EXPENDITURES

REVENUE

- | | |
|---------------------------------------|-------|
| 1. POLS grant | _____ |
| 2. Provincial Government | _____ |
| - Dept. _____ | |
| - Program _____ | |
| 3. Federal Government | _____ |
| - Dept. _____ | |
| - Program _____ | |
| 4. Municipal Government | _____ |
| 5. Funding from applicant | _____ |
| 6. Funding from partner organizations | _____ |
| 7. Other (specify) | _____ |
| _____ | _____ |

TOTAL REVENUE

NET EXPENDITURES (Expenditures - Revenue)

	Name	Signature	Date
Project manager	_____	_____	_____
Financial manager	_____	_____	_____