



*Department of Intergovernmental Affairs*

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

**PROJECT SUBMISSION FORM**

**Fiscal year April 1st, 2024 to March 31, 2025**

*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 June 30th for projects which will be carried out between April 1, 2024 and March 31, 2025.**

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

**SCHEDULE**

**June 30, 2024**

Part A – Information about the department/agency/organization

Part B – Project information

**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 June 30, 2024.**

**November 15, 2024**

Part C – Interim financial statement

**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.**

**May 31, 2025**

Part D – Grant use report

Part E – Final financial statement

**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, 2025.**

New Brunswick Department of Intergovernmental Affairs  
Secretariat of Official Languages  
Chancery Place  
P.O. Box 6000  
Fredericton, New Brunswick  
E3B 5H1

Tel.: 506-453-3078  
E-mail: [PSLO-POLS@gnb.ca](mailto:PSLO-POLS@gnb.ca)

**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

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

**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**

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**EXPENDITURES**

- 1. Salaries and benefits \_\_\_\_\_
- 2. Travel expenses \_\_\_\_\_
- 3. Communication 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) \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

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

**TOTAL REVENUE**

\_\_\_\_\_

**NET EXPENDITURES**

\_\_\_\_\_

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

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

**Using your analysis of the action plan, check off the priority and activity areas which corresponds to your project:**

<p><input type="checkbox"/> <b>Focus 1:</b></p> <p>Internal support for administrative structures (strengthen the policy, legislative, and administrative framework)</p>	<p><input type="checkbox"/> <b>Focus 2:</b></p> <p>Support the development, planning, and provision of services for the public, and initiatives that support the Government of New Brunswick's priorities</p>	<p><input type="checkbox"/> <b>Focus 3:</b></p> <p>Communications and Consultations with the Francophone Community</p>
<p><b>Activity sectors Focus 1:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1.1 – MANAGEMENT AND ACCOUNTABILITY FRAMEWORK</li> <li><input type="checkbox"/> 1.2 – PLAN FOR MEETING THE GOVERNMENT'S LINGUISTIC</li> <li><input type="checkbox"/> 1.3 – SUPPORT LANGUAGE TRAINING IN FRENCH FOR GOVERNMENT EMPLOYEES</li> </ul>	<p><b>Activity sectors Focus 2:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 2.1 - 2.2 – HEALTH AND WELLNESS</li> <li><input type="checkbox"/> 2.3 – SERVICES FOR SENIORS</li> <li><input type="checkbox"/> 2.4 – EARLY CHILDHOOD</li> <li><input type="checkbox"/> 2.5 – 2.6 – LOCAL GOVERNANCE AND REGIONAL DEVELOPMENT</li> <li><input type="checkbox"/> 2.7 – FRANCOPHONE ARTS, CULTURE AND COMMUNICATION</li> <li><input type="checkbox"/> 2.8 – PROFESSIONAL ASSOCIATIONS</li> <li><input type="checkbox"/> 2.9 – 2.10 – LANGUAGE SECTOR</li> <li><input type="checkbox"/> 2.11 – LITERACY</li> <li><input type="checkbox"/> 2.12 – YOUTH</li> <li><input type="checkbox"/> 2.13 – JUSTICE</li> <li><input type="checkbox"/> 2.14 – IMMIGRATION</li> <li><input type="checkbox"/> 2.15 – TRANSMISSION OF THE FRENCH LANGUAGE</li> <li><input type="checkbox"/> 2.16 – FRANCOPHONE ECONOMIC DEVELOPMENT</li> </ul>	<p><b>Activity sectors Focus 3:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 3.1 – MAINTAIN AN ONGOING CONSULTATION MECHANISM BETWEEN THE GOVERNMENT AND THE ACADIAN AND FRANCOPHONE COMMUNITY TO TAKE THE COMMUNITY'S PRIORITIES INTO ACCOUNT</li> <li><input type="checkbox"/> 3.2 – PROMOTE THE OFFICIAL LANGUAGES ACT AND AWARENESS OF THE USE OF FRENCH IN INSTITUTIONAL AND COMMUNITY SETTINGS</li> </ul>



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

**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

Please forward your application no later than **June 30, 2024** to:

New Brunswick Department of Intergovernmental Affairs  
Secretariat of Official Languages  
Chancery Place  
P.O. Box 6000  
Fredericton, New Brunswick  
E3B 5H1

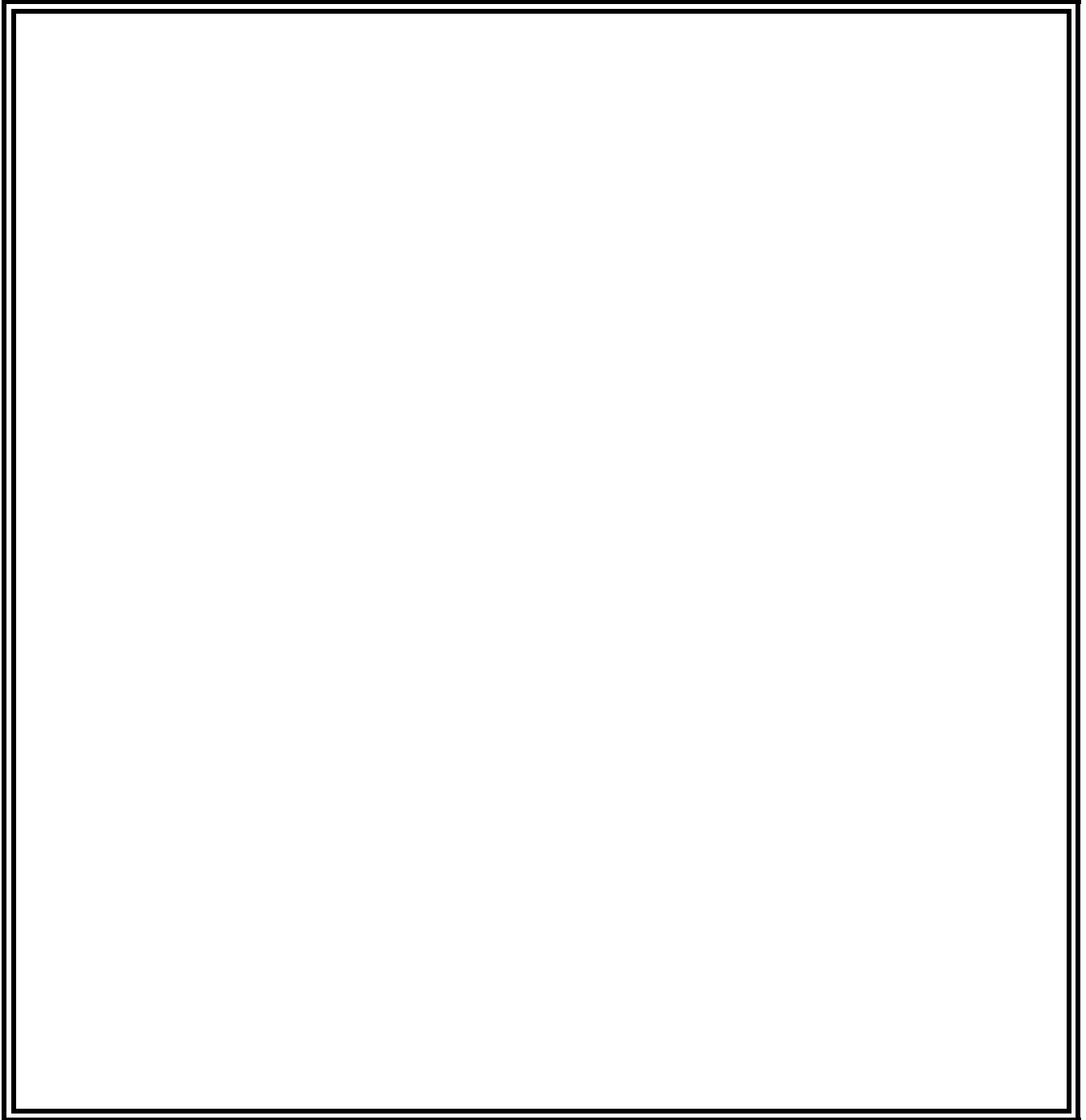
Tel.: 506-453-3078  
e-mail: [PSLO-POLS@gnb.ca](mailto:PSLO-POLS@gnb.ca)

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

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

	Actual April 1 - Oct. 31	Forecast Nov. 1 - March 31	
<b><u>EXPENDITURES</u></b>			
1. Salaries and benefits	_____	_____	
2. Travel expenses	_____	_____	
3. Fees	_____	_____	
4. Office expenses	_____	_____	
5. Advertising and promotion	_____	_____	
6. Other (specify)	_____	_____	
_____	_____	_____	
_____	_____	_____	
<b>TOTAL EXPENDITURES</b>	_____	_____	
<b><u>REVENUE</u></b>			
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)	_____	_____	
<b>TOTAL REVENUE</b>	_____	_____	
<b>NET EXPENDITURES (Expenditures - Revenue)</b>	_____	_____	
	Name	Signature	Date
Project manager	_____	_____	_____
Financial manager	_____	_____	_____

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



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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

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

**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	_____	_____	_____