



Department of Intergovernmental Affairs

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

PROJECT SUBMISSION FORM

Fiscal year April 1st, 2025 to March 31, 2026

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, 2025 and March 31, 2026.**

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

SCHEDULE

June 30, 2025

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, 2025

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, 2026

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, 2026.

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

E-mail: 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: | | |
| LINGUISTIC STATUS OF THE ORGANIZATION: <input type="checkbox"/> FRANCOPHONE <input type="checkbox"/> ANGLOPHONE <input type="checkbox"/> BILINGUAL (FRENCH & ENGLISH) | | |
| NAME OF PERSON IN CHARGE OF PROJECT IMPLEMENTATION: | | |
| PERSONS DESIGNATED TO REPRESENT THE ORGANIZATION: | | |
| GREETINGS MR. <input type="checkbox"/> MS. <input type="checkbox"/> OTHER <input type="checkbox"/> | | |
| FIRST NAME: | LAST NAME: | FUNCTION IN THE ORGANIZATION: |
| PERMANENT ADDRESS (NUMBER, STREET): | | |
| CITY: | POSTAL CODE: | |
| TELEPHONE: | FAX: | |
| E-MAIL: | INTERNET SITE: | |
| FOR DEPARTMENTS AND PUBLIC AGENCIES: <ul style="list-style-type: none">• INDICATE THE CODING ASSOCIATED WITH THE REQUEST: _____ | | |
| FOR NON-PROFIT ORGANIZATIONS: <ul style="list-style-type: none">• INDICATE THE GNB SUPPLIER NUMBER: _____ | | |
| <p>NOTE: ORGANIZATIONS THAT DO NOT HAVE OR DO NOT KNOW THEIR SUPPLIER NUMBER CAN CONTACT SERVICE NEW BRUNSWICK AT 1-888-487-5050 OR BY E-MAIL TO suppliermaintenance@snb.ca. FOR MORE INFORMATION, VISIT Supplier Number - Procurement</p> | | |

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PART B – PROJECT INFORMATION

| | | | |
|--|---|--|-------------------------------------|
| 1. PROJECT TITLE: | | | |
| PROJECT SCOPE | LOCAL <input type="checkbox"/> | REGIONAL <input type="checkbox"/> | PROVINCIAL <input type="checkbox"/> |
| BENEFICIARY REGIONAL SERVICE COMMISSION(S) (REF. RSCJanOct22 2012 Web): <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%; text-align: center;"><input type="checkbox"/> RSC 1</div> <div style="width: 33%; text-align: center;"><input type="checkbox"/> RSC 2</div> <div style="width: 33%; text-align: center;"><input type="checkbox"/> RSC 3</div> <div style="width: 33%; text-align: center;"><input type="checkbox"/> RSC 4</div> <div style="width: 33%; text-align: center;"><input type="checkbox"/> RSC 5</div> <div style="width: 33%; text-align: center;"><input type="checkbox"/> RSC 6</div> <div style="width: 33%; text-align: center;"><input type="checkbox"/> RSC 7</div> <div style="width: 33%; text-align: center;"><input type="checkbox"/> RSC 8</div> <div style="width: 33%; text-align: center;"><input type="checkbox"/> RSC 9</div> <div style="width: 33%; text-align: center;"><input type="checkbox"/> RSC 10</div> <div style="width: 33%; text-align: center;"><input type="checkbox"/> RSC 11</div> <div style="width: 33%; text-align: center;"><input type="checkbox"/> RSC 12</div> </div> | BENEFICIARY MUNICIPALITY(IES) (SPECIFY) : <div style="height: 100px;"></div> | BENEFICIARY AREAS : <input type="checkbox"/> RURAL <input type="checkbox"/> URBAN <input type="checkbox"/> BOTH | |
| 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. | | | |

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7. IS YOUR PROJECT LONGER THAN ONE YEAR IN DURATION? SPECIFY IN TERMS OF DESIRED RESULTS AND FUNDING.

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

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

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. Please note that the Government of New Brunswick reserves the right to request, at its discretion, supporting documentation from recipient organizations regarding expenses incurred. To this end, financial evidence relating to the grants awarded must be kept for a minimum period of five years from the date of receipt of funding.

Overall Budget
April 1 - March 31

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 | _____ | _____ | _____ |

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

| | | |
|--|--|--|
| <input type="checkbox"/> Focus 1: Internal support for administrative structures (strengthen the policy, legislative, and administrative framework) | <input type="checkbox"/> Focus 2: Support the development, planning, and provision of services for the public, and initiatives that support the Government of New Brunswick's priorities | <input type="checkbox"/> Focus 3: Communications and Consultations with the Francophone Community |
| Activity sectors Focus 1: <input type="checkbox"/> 1.1 – MANAGEMENT AND ACCOUNTABILITY FRAMEWORK <input type="checkbox"/> 1.2 – PLAN FOR MEETING THE GOVERNMENT'S LINGUISTIC <input type="checkbox"/> 1.3 – SUPPORT LANGUAGE TRAINING IN FRENCH FOR GOVERNMENT EMPLOYEES | Activity sectors Focus 2: <input type="checkbox"/> 2.1 - 2.2 – HEALTH AND WELLNESS <input type="checkbox"/> 2.3 – SERVICES FOR SENIORS <input type="checkbox"/> 2.4 – EARLY CHILDHOOD <input type="checkbox"/> 2.5 – 2.6 – LOCAL GOVERNANCE AND REGIONAL DEVELOPMENT <input type="checkbox"/> 2.7 – FRANCOPHONE ARTS, CULTURE AND COMMUNICATION <input type="checkbox"/> 2.8 – PROFESSIONAL ASSOCIATIONS <input type="checkbox"/> 2.9 – 2.10 – LANGUAGE SECTOR <input type="checkbox"/> 2.11 – LITERACY <input type="checkbox"/> 2.12 – YOUTH <input type="checkbox"/> 2.13 – JUSTICE <input type="checkbox"/> 2.14 – IMMIGRATION <input type="checkbox"/> 2.15 – TRANSMISSION OF THE FRENCH LANGUAGE <input type="checkbox"/> 2.16 – FRANCOPHONE ECONOMIC DEVELOPMENT | Activity sectors Focus 3: <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 <input type="checkbox"/> 3.2 – PROMOTE THE OFFICIAL LANGUAGES ACT AND AWARENESS OF THE USE OF FRENCH IN INSTITUTIONAL AND COMMUNITY SETTINGS |

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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

Please forward your application no later than **June 30, 2025** to:

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

e-mail: 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 |
|--|------------------------------------|--------------------------------------|
| <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 |
| 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

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 | _____ | _____ | _____ |