Reset

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.

Secretariat of Official Languages
Chancery Place
P. O. Box 6000
Fredericton, N.B.
E3B 5H1

Tel.: 506-453-3078
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:	
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.

☐ YES ☐ NO

12. HAVE YOU RECEIVED FUNDING FOR THIS PROJECT UNDER THE POLS PROGRAM IN THE PAST?

IF YES, HOW MUCH IN TOTAL? _____$ FOR WHICH YEAR(S)? _____

☐ YES ☐ NO

13. HAVE YOU RECEIVED FUNDING UNDER POLS FOR OTHER PROJECTS?

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. 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)	
_____	_____
_____	_____

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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:

❑ **Focus 1:** Internal support for administrative structures (strengthen the policy, legislative, and administrative framework)	❑ **Focus 2**: Support the development, planning, and provision of services for the public, and initiatives that support the Government of New Brunswick's priorities	❑ **Focus 3**: Communications and Consultations with the Francophone Community
Activity sectors Focus 1: ❑ 1.1 MANAGEMENT AND ACCOUNTABILITY FRAMEWORK ❑ 1.2 PLAN FOR MEETING THE GOVERNMENT'S LINGUISTIC ❑ 1.3 SET UP A REVIEW PROCESS FOR THE NEW BRUNSWICK *OFFICIAL LANGUAGES ACT*	**Activity sectors Focus 2:** ❑ 2.1 - 2.3 HEALTH AND WELLNESS ❑ 2.4 EARLY CHILDHOOD ❑ 2.5 – 2.6 LOCAL GOVERNANCE AND REGIONAL DEVELOPMENT ❑ 2.7 SERVICES FOR SENIORS ❑ 2.8 PROFESSIONAL ASSOCIATIONS ❑ 2.9 – 2.10 LANGUAGE SECTOR ❑ 2.11 – LITERACY ❑ 2.12 – YOUTH ❑ 2.13 – FRANCOPHONE ARTS, CULTURE AND COMMUNICA-TION ❑ 2.14 – JUSTICE ❑ 2.15 – IMMIGRATION	**Activity sectors Focus 3:** ❑ MAINTAIN AN ONGOING CONSULTATION MECHANISM BETWEEN THE GOVERNMENT AND THE ACADIAN AND FRANCOPHONE COMMUNITY TO TAKE THE COMMUNITY'S PRIORITIES INTO ACCOUNT

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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, 2024** to:

Secretariat of Official Languages
Chancery Place
P. O. Box 6000
Fredericton, N.B.
E3B 5H1

Tel.: 506-453-3078
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
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			

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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	_____	_____	_____

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