

Department of Intergovernmental Affairs

CANADA-NEW BRUNSWICK AGREEMENT ON THE PROVISION OF FRENCH-LANGUAGE SERVICES

SUPPORT FOR TRANSLATION AND INTERPRETATION PROGRAM

APPLICATION FORM
Fiscal year April 1st 20__ to March 31 20 __

PART A – INFORMATION ABOUT THE ORGANIZATION				
1. General Information				
Name of Organization:				
Mailing Address:				
Telephone Number:	Web Site Address:			
Head Office Address (if different from Mailing Address):				
2. Person designated to act on behalf of the organization / Contact Person				
Name:				
Telephone Number:	E-mail address:			
Language of Communication: □ French □ English				

3. Information regarding the organization's structure and activities					
Vocation:					
□ Social					
□ Community					
Status: (Please provide a copy of the organization's constitution and by-laws / letters patent)					
□ Non-profit organization registration no: —————					
Mandate of organization					
Does the organization provide its services in both official languages?					
□ Always □ Sometimes □ Never					
PART B – PROJECT INFORMATION					
Type of Project:					
□ Event (Interpretation (and document translation)					
□ Translation services only					
Project Title:					
Project Description:					
Anticipated Results:					
Scope and visibility of project:					

PART C - PROJECT BUDG	ET						
Please attach a detailed budget, including translation and / or interpretation costs (including equipment rental and technical service provider).							
Please ensure that the following documents are enclosed with your application : Program of Activity Quote from translation service provider Quote from interpretation service provider Quote for equipment rental and technical service provider							
PART D – INTERPRETATION	ON (SIMULTAN	NEOUS TRANSI	_ATION)				
Title of Activity:							
Type of Activity:	Seminar □ Workshop □	Confere Other (s	ence 🗆 specify) 🗆	Annua	l Meeting □		
Location of Activity:							
Scope of Activity:	Local	Regional	Provincial National				
Date of Activity:							
Participants:							
Members of the organization	1			Number:			
General public				Number:			
Other (specify)				Number:			
Speakers:							
Presentation in French				Number:			
Presentation in English				Number:			
Bilingual Presentation				Number:			
PART E - TRANSLATION							
Title of Document: (Only documents not subject to copyright protection will be considered under the funding program)							
Type of Document:	□ brochure	□ news	letter	\square othe	r		

Number of translated copies available for the public:						
Target Audience :						
Members of the organization		Number:				
General public		Number:				
Other (specify)		Number:				
Signature (Applicant)	Date					

For a list of translators and interpreters in New Brunswick, consult the website for the Corporation of Translators, Terminologists and Interpreters of New Brunswick at www.ctinb.nb.ca

Please return completed application and required supporting documentation to:

Canadian Francophonie and Official Languages Branch Department of Intergovernmental Affairs Chancery Place P. O. Box 6000 Fredericton, NB E3B 5H1

You may also reach us at:

Telephone: 506-453-3078

E-mail: PSLO-POLS@gnb.ca