



Intergovernmental Affairs Division, Executive Council Office

**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	Fax	Web Site Address
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Address of Head Office (if different from Mailing Address)

2. Person designated to act on behalf of the organization

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Language of Communication <input type="checkbox"/> French <input type="checkbox"/> English
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Name of Designated Person	Telephone Number
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Title

Fax Number	E-mail address
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3. Contact person to provide detailed information regarding the application

Mr. Mrs. Ms.

Name of Contact Person

Title

Language of Communication French English

Telephone Number	E-Mail address
Fax Number:	

4. Information regarding the organization's structure and activities

Vocational:

- Social
- Community
- Other (specify) _____

Status: (Letters patent attached)

Non profit organization registration n^o: _____

Mandate of the Organization

Major Activities of the Organization

Does the organization provide its services in both official languages?

Always Sometimes Never

PART B – PROJECT INFORMATION**5. Project Description**

Type of Project:

- Event (Interpretation (simultaneous translation) and document translation)
- Translation services only

Project Title

Period for which funding is requested

Start: YYYY-MM-DD

End: YYYY-MM-DD

Project Description

Anticipated Results

Importance of the project (scope and visibility of the project – communications plan, if using)

PART C – PROJECT BUDGET**Detailed Budget**

(The total from your sources of revenue must match the total cost of the project)

Amount

Sources of Revenue

A) Potential (including the contribution from Intergovernmental Affairs)

B) Guaranteed (contributions from the organization and other)

Total (A + B)

Total Expenditures

PART D – INTERPRETATION (SIMULTANEOUS TRANSLATION)

Title of Activity :

Type of Activity :	Seminar <input type="checkbox"/>	Conference <input type="checkbox"/>	Annual Meeting <input type="checkbox"/>
	Workshop <input type="checkbox"/>	Other (specify) <input type="checkbox"/>	_____
Location of Activity			
Scope of Activity:	Local <input type="checkbox"/>	Regional <input type="checkbox"/>	Provincial <input type="checkbox"/> National <input type="checkbox"/>
Date of Activity :			
Participants			
Members of the organization			Number:
General public			Number:
Other (specify)			Number:
Speakers			
Presentation in French			Number:
Presentation in English			Number:
Bilingual Presentation			Number:
Total amount requested for Activity (Should correspond to the lower simultaneous translation and equipment rental estimates)			
Simultaneous translation			Cost:
Equipment rental			Cost:
Please ensure that the following documents are enclosed with your application :			
<input type="checkbox"/> Program of Activity <input type="checkbox"/> Total budget for the activity including various funding sources <input type="checkbox"/> Two interpretation estimates <input type="checkbox"/> Two equipment rental estimates			
PART E - TRANSLATION			
Title of Document			
Type of Document:	<input type="checkbox"/> brochure	<input type="checkbox"/> newsletter	<input type="checkbox"/> other
Number of translated copies available for the public			
Target Audience :			
Members of the organization			Number:
General public			Number:
Other (specify)			Number:

Cost of translation services for this request: (Should correspond to the lower translation service estimate)	
Translation	
Revision	
<p>Please ensure that the following documents are enclosed with your application</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of text / document to be translated <input type="checkbox"/> Total budget for publication of this information (translation, printing, distribution, etc) including various funding sources <input type="checkbox"/> two translation estimates 	
PART F – DECLARATION	
<ul style="list-style-type: none"> • The information in this application is accurate and complete; • The application is made on behalf of the organization named on page one (1) with its full knowledge and consent; • If financial assistance is provided, the organization will submit invoices, the activity and evaluation report and a copy of the translation product (translation project) as required by Intergovernmental Affairs. 	

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
Intergovernmental Affairs Division
Executive Council Office
Chancery Place, 5th floor
P. O. Box 6000
Fredericton, NB E3B 5H1

You may also reach us at:

Telephone: 506-444-4948
Fax: 506-444-5612
E-mail: PSLO-POLS@gnb.ca