



*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 1<sup>st</sup> 20\_\_\_\_\_ to March 31 20 \_\_\_\_\_

**PART A – INFORMATION ABOUT THE ORGANIZATION**

**1. General Information**

Name of Organization:

Linguistic status of the organization:

☐ Francophone ☐ Anglophone ☐ Bilingual (French & English)

Postal address - Number, street, P.O. Box

Municipality:

Province: New Brunswick

Postal code:

Cellular:

Telephone:

Email:

Website:

Social media:

Head Office Address (if different from Mailing Address):

**2. Person designated to act on behalf of the organization / Contact Person**

Greetings

☐

Mr.

☐

Ms.

☐

Other

First name :

Last name :

Function in the organization:

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 n<sup>o</sup>: \_\_\_\_\_

GNB supplier number: \_\_\_\_\_

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 email to [suppliermaintenance@snb.ca](mailto:suppliermaintenance@snb.ca). For more information, visit [Supplier Number - Procurement](#).

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:

<b>Beneficiary regional service commission(s)</b> (ref. <a href="#">RSC MAPS</a> ):	<b>Beneficiary municipality (ies)</b> (specify):	<b>Beneficiary areas:</b>
<input type="checkbox"/> RSC 1 <input type="checkbox"/> RSC 2 <input type="checkbox"/> RSC 3 <input type="checkbox"/> RSC 4 <input type="checkbox"/> RSC 5 <input type="checkbox"/> RSC 5 <input type="checkbox"/> RSC 7 <input type="checkbox"/> RSC 8 <input type="checkbox"/> RSC 9 <input type="checkbox"/> RSC 10 <input type="checkbox"/> RSC 11 <input type="checkbox"/> RSC 12		<input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Both
Project Description:		
Anticipated Results:		
Scope and visibility of project:		
<b>PART C – PROJECT BUDGET</b>		
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 : <ul style="list-style-type: none"> <li><input type="checkbox"/> Program of Activity</li> <li><input type="checkbox"/> Quote from translation service provider</li> <li><input type="checkbox"/> Quote from interpretation service provider</li> <li><input type="checkbox"/> Quote for equipment rental and technical service provider</li> </ul> <p>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.</p>		
<b>PART D – INTERPRETATION (SIMULTANEOUS TRANSLATION)</b>		
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 :	
<b>Participants:</b>	
Members of the organization	Number:
General public	Number:
Other (specify)	Number:
<b>Speakers:</b>	
Presentation in French	Number:
Presentation in English	Number:
Bilingual Presentation	Number:
<b>PART E - TRANSLATION</b>	
Title of Document: (Only documents not subject to copyright protection will be considered under the funding program)	
Type of Document: <input type="checkbox"/> brochure <input type="checkbox"/> newsletter <input type="checkbox"/> other	
Number of translated copies available for the public:	
<b>Target Audience :</b>	
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](http://www.ctinb.nb.ca)**

Please return completed application and required supporting documentation to:

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

You may also reach us at:

E-mail :        [PSLO-POLS@gnb.ca](mailto:PSLO-POLS@gnb.ca)