



Intergovernmental Affairs Secretariat, 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
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	
Name of Designated Person	Telephone Number	
Title		
Fax Number	E-mail address	

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: (Please provide a copy of the organization's constitution and by-laws / letters patent)

- Non-profit organization registration n°: _____

Mandate of 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		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:		

Cost of translation services for this request:

Translation

Revision

Please ensure that the following documents are enclosed with your application

- Copy of text / document to be translated
- Total budget for publication of this information (translation, printing, distribution, etc) including various funding sources
- two translation estimates

PART F – DECLARATION

- 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 Secretariat
Executive Council Office
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