

SSECTOR DEVELOPMENT SUPPORT APPLICATION FORM

Organization

1. Applicant Organization Name [200 characters]
2. Organization Address - as stated in corporate documents

Street Name	
City	
Province	
Postal Code	

3. Please briefly summarize your organization's focus or mandate [250 words]
4. Organization website [200 characters]

Signing Authority

1. Contact Name [200 characters]
2. Title [200 characters]
3. PERSONA-ID [200 characters]
4. Email [200 characters]
5. Telephone [200 characters]

Project Lead and Point of Contact (if different than above)

6. Contact Name [200 characters]
7. Title [200 characters]
8. PERSONA-ID [200 characters]
9. Email [200 characters]
10. Telephone [200 characters]

12. Board Members (add lines as needed)

Board Member Name	PERSONA- ID	Click here to add more
		✕

Is your organization majority governed and led by members from one or more Indigenous peoples or Equity-seeking communities? Please select all that apply:

Responses Selected:

- a) Indigenous peoples to Canada
- b) Racialized Communities
- c) Women or gender-diverse individuals
- d) 2SLGBTQ+
- e) Disabled persons or persons with disabilities
- f) Official Language Minority Communities

Project

1. Project Title [200 characters]
2. Please provide a one-sentence summary of the project [250 words]
3. Is this project intended to foster: [checkboxes]
 - Market Access
 - Capacity Building
4. Who will benefit from or participate in your project? Are you targeting specific provinces, territories or regions for participation? Will this be in-person/virtual/hybrid? [250 words]
5. In what language(s) will your project be undertaken? (select all that apply) [checkboxes]
 - Indigenous
 - French
 - English
 - Other _____
6. How many participants do you expect? [200 characters]
7. Is your project intended for (select all that apply): [checkboxes]
 - Emerging
 - Mid-Career
 - Established
8. Please explain the need for this initiative. What is the barrier or issue that your project seeks to address? [500 words]
9. What is your proposed solution to this barrier or issue? [500 words]
10. How will your organization undertake this project? If applicable, speak to your expertise, history and/or successes in delivering this or similar activities. [250 words]
11. Who will be leading this project and how are they qualified (e.g. facilitators, leaders, experts, markets or buyers)? Please detail the skills and expertise of the person(s) who will lead the project and any other relevant consultants. [250 words]
12. What is your approach to accessibility and inclusion for the initiative? (support services, representation, selection processes etc.) [250 words]
13. How is your organization well-positioned to undertake this project? What is your relationship to the proposed participants? How are you approaching community engagement and/or outreach? [250 words]
14. Please describe the expected results. What are the possible short-term, mid-term and long-term (as applicable) results and how will these address the gaps or barriers previously identified? [250 words]

Schedule

Please upload an overview of the project timeline and key dates/milestones, including evaluation and reporting.

Support

Please upload any letters of official partnership or financial commitment

Budget/Financing

Please upload a signed and dated budget and financing for your project

Amount of CMF request

Applicant Declarations [checkboxes]

- I agree to respect, promote and ensure compliance with the CMF Policies (found at <https://cmf-fmc.ca/about-us/our-policies/>).
- I authorize the CMF to discuss and disclose information and documentation which relates in to the funding application with every entity connected (in the CMF's opinion) with the funding application. I also authorize the CMF to include in a press release and to disclose on their website and social media information pertaining to the application and/or the project.
- I acknowledge that, while industry standard security measures are used to protect information provided to the CMF from unauthorized access, the CMF cannot guarantee that unauthorized third parties will never be able to defeat such measures, and that, except if caused by the CMF's negligence or wilful misconduct, the CMF is not responsible or liable for any losses, damages, costs, expenses or other claims resulting from a third party's unauthorized access.
- I acknowledge that in all questions of interpretation of the CMF 2023-2024 Programs, Guidelines, Agreements and whether Applicants and/or Projects meet the spirit and intent of any CMF policy, the CMF's interpretation shall prevail.

By signing this Application, I declare and warrant that the information and documents submitted for this application are accurate, true, and complete. Signing this form electronically has the same effect as a handwritten signature and I confirm that I am authorized to represent the Applicant.

Signature