



DISABILITIES INITIATIVE FUNDING APPLICATION

Privacy Act Statement

This statement outlines the purposes for the collection and use of personal information. Only information needed to respond to program requirements will be requested. Collection, use, and disclosure of personal information are in accordance with the [Privacy Act](#). In some cases, information may be disclosed without your consent pursuant to subsection 8(2) of the Privacy Act. The authority to collect and use personal information for the Assisted Living Sub-Program within Social Development is derived from [OIC 2017-1464](#), as well as from annual *Appropriation Acts* granting authority to the Government to spend funds on programs. We will use personal information for administrating, assessing and determining eligibility for the program to which you are applying and for reporting aggregated program results. We may share the personal information you provide us with as outlined under [AANDC PPU 215](#), detailed at [Info Source](#) (<http://www.aadnc-aandc.gc.ca/eng/1100100011039/1100100011040>). The information collected will be retained for a period of five years, then transferred to Library and Archives Canada. As stated in the *Privacy Act*, you have the right to access the personal information you give us and request changes to incorrect information. Contact your [Regional Office](#) (<http://www.aadnc-aandc.gc.ca/eng/1100100016936/1100100016940>) to notify us about incorrect information or contact the Public Enquiries Contact Centre by phone at 1-800-567-9604 for general enquiries. For more information on privacy issues and the *Privacy Act* in general, you may consult the Privacy Commissioner at 1-800-282-1376.

Section 1: Identification

Applicant Name	Region	Reporting Period (YYYYMMDD) From	To
----------------	--------	-------------------------------------	----

Contact

Given Name	Family Name	Title
------------	-------------	-------

Mailing Address (Number/Street/Apartment/P.O. Box)

City/Town	Province/Territory	Postal Code
-----------	--------------------	-------------

Telephone Number	Extension	Facsimile Number	Email Address
------------------	-----------	------------------	---------------

Annex A: Project Proposal Cover Page

Attach a project proposal cover page, maximum five (5) pages. Use each screening criteria subject as a heading and provide a description. Failure to provide information for each criterion could result in the application being rejected from the process. Applicants will not be solicited for incomplete or missing information. Refer to the application instructions and the Guide to the Disabilities Initiative Application and Approval Process for further clarification. The Guide to the Disabilities Initiative can be obtained from your regional Indigenous Services Canada (ISC) office.

Respond to each of the following screening criteria subjects:

1. Identify the issue(s) and need;
2. Describe the project and objectives;
3. Describe the implementation plan, including dates, deliverables, and activities;
4. Identify the potential barriers to implementing your project. For each barrier, identify your proposed corrective measure(s);
5. Describe the anticipated short and long term results and outcomes;
6. Describe how project outcomes will be measured and evaluated.

Section 2: Financial Summary

Annex B: Project Proposal Expenditures

Provide a detailed project proposal budget schedule, broken down by activity, objective, and forecasted expenditure:

Activity	Objective	Forecasted Expenditure

Total Amount of Funding Requested From ISC's Disabilities Initiative



Section 3: Project Context

List all the partners (funding and/or collaboration) who will be involved in the delivery of this project, such as federal, provincial, municipal, community, agencies/organizations, charities, etc.

Partner	Involvement

Project Objective(s):	<input type="checkbox"/> Sample Survey or the Incidence and Nature of Disabilities On-Reserve
	<input type="checkbox"/> Navigator Services
	<input type="checkbox"/> Advocacy Public Education and Awareness
	<input type="checkbox"/> Other (Specify):

Anticipated number of individuals to be reached:

Target Group(s):	<input type="checkbox"/> Women
	<input type="checkbox"/> Men
	<input type="checkbox"/> Elders, female
	<input type="checkbox"/> Elders, male
	<input type="checkbox"/> Children
	<input type="checkbox"/> Youth
	<input type="checkbox"/> Caregivers
	<input type="checkbox"/> Professionals
	<input type="checkbox"/> Individuals and families with disabilities <input type="checkbox"/> Other (Specify):

Supporting Documents (if applicable)

Title	Submission Method

Declaration

The information provided is accurate to the best of my knowledge.

Given Name	Family Name	
Title		Date (YYYYMMDD)