



Please ensure that you answer all questions related to your project so that we can analyze your request for funding in a timely manner. Original signed copies sent by mail must follow faxes of completed applications. Please visit our website at www.canadianheritage.gc.ca/bpidp for printable HTML and PDF Files.

I. Applicant information

ORGANIZATION NAME	
CONTACT PERSON	
CONTACT PERSON'S TITLE	
ADDRESS (street/P.O., city, province/territory, postal code)	
TELEPHONE () ()	FAX () ()
E-MAIL	
WEBSITE	

Type of organization

- Private, for-profit Private, non-profit
 Affiliated with public-sector institution or association

Incorporated

- Yes Federal
 No Provincial

Corporate registration number

Number of years in operation

Number of employees

- | | | | |
|-----------|----------------------|------------|----------------------|
| Full time | <input type="text"/> | Part time | <input type="text"/> |
| Temporary | <input type="text"/> | Volunteers | <input type="text"/> |

Scope of activities (please check one box only)

- Municipal Provincial Regional National

Language of communication

- English French

II. Project information

Project Name

Training location(s) (city/province)

Topics of sessions (check all boxes that apply)

- | | |
|--|--|
| <input type="checkbox"/> Electronic Marketing | <input type="checkbox"/> E-Commerce |
| <input type="checkbox"/> Online Marketing | <input type="checkbox"/> Market Development (emerging) |
| <input type="checkbox"/> Digital Distribution | <input type="checkbox"/> Marketing and Promotion (media, book sales, etc.) |
| <input type="checkbox"/> Digital Rights Management | <input type="checkbox"/> Other _____ |

Proposed project start date

Total project cost

Proposed project end date

Total amount requested from BPIDP

Total forecast government financial assistance

Please enter the total amount of government financial assistance you forecast receiving for your project:

Federal \$ Provincial \$ Municipal \$

I affirm that the information in this application and the attached documents are accurate and complete, and that the plans and budgets are fairly presented. I agree that once funding is provided, any change to the proposal will require prior approval of the Department. I agree to publicly acknowledge funding and assistance by the Department, in accordance with the terms of the contribution agreement. I also agree to submit reports and financial accounting for evaluation of the activity funded by the Department. I understand that the information provided in this application may be accessible under the *Access to Information Act*. I also agree to respect the spirit and intent of the various acts governing the programs of the Department of Canadian Heritage.

Signature block

Authorized signature
Date

Name (please print)
Title (please print)

If someone other than the president or owner signs the application form, a letter from the president or owner authorizing that person to submit the application must be provided.



Statistics on training

Number of courses offered

Number of sessions
(if courses repeated)

Duration of professional development
activities (number of days)

Statistics on participation

Number of participants in total

Average participation fee (\$)

**Please refer to the Treasury Board travel directives as a guideline: www.tbs-sct.gc.ca/pubs_pol/hrpubs/TBM_113/td-dv_e.asp*

III. Professional development proposal

In a separate document, please provide the following, **using the headings from 1 to 8 below** in the order shown. Additional information may be submitted if necessary. Include a printed copy of your responses, as well as your latest financial statements, with this application. If possible, e-mail an electronic version to bpidp_padie@canadianheritage.gc.ca.

CHECKLIST

1. ORGANIZATION: Provide a short history of your organization, describing its mandate and achievements. Include a copy of the articles of incorporation and charter (or constitution and by-laws) and lists of your directors/officers (or equivalents).

2. RESOURCES: Describe the resources that your organization can apply to this project. Who are the key people in the organization who will be managing the project? If you are working with consultants, indicate how and why they were selected.

3. PARTNERS: List any other organizations that are working with you or that support this project or its objectives. What efforts have you made to find other sources of funding, from either the public or private sector?

4. DESCRIPTION AND ELIGIBILITY: Provide a detailed description of your project. Indicate how your project meets the eligibility criteria under Professional Development in the application guide.

5. TIMELINE: Provide a clear and comprehensive workplan and calendar, showing your project activities between the start and end date.

6. OBJECTIVES: In order of importance, list three to five distinct, reasonable, and measurable objectives of the project. Why is the project being proposed? What will have changed once the project is successfully completed?

7. EVALUATION FRAMEWORK: Based on objectives listed above, indicate how you intend to monitor and evaluate the progress of the project and ensure that the objectives are met. How will you know whether your project has met its objectives?

8. FINANCIAL INFORMATION: Provide a detailed budget proposal (by fiscal year, ending March 31) showing all expected expenses and revenues for your project and whether amounts are estimated or confirmed. For revenues, indicate other government funding sources.



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I. Applicant identification

Organization name Project start date
Project name Project end date

II. Actual project results

Please provide the actual government financial assistance for your project, as well as the overall cost (including all expenses).

Federal \$ Provincial \$ Municipal \$ Total cost \$

Statistics on training

Number of courses offered Duration of professional development activities (number of days)
Number of sessions (if courses repeated)

Statistics on participation

Number of participants in total
Average participation fee (\$)

*Please refer to the Treasury Board travel directives as a guideline: www.tbs-sct.gc.ca/pubs_pol/hrpubs/TBM_113/td-dv_e.asp

III. Evaluation of professional development

Participants	Survey method used	Number of respondents	Rating			
<input type="text"/>	<input type="text"/>	<input type="text"/>	Unsatisfactory	Satisfactory	Fully satisfactory	Superior

IV. Professional development final report

The Final Report shall consist of an evaluation of the results of the project and a complete accounting of the project. When preparing your final report, please include the following:

CHECKLIST

- | | |
|--|---|
| <p><input type="checkbox"/> 1. A <u>cover letter</u>, clearly stating the project dates and the amount due, giving a brief retrospective summary of the project and alerting Program staff to any complications or issues that arose during the project, particularly those pertaining to project objectives or budget.</p> <p><input type="checkbox"/> 2. A <u>narrative</u> consisting of an assessment of your project (activities and results) between the start and end date.</p> | <p><input type="checkbox"/> 3. A <u>completed Evaluation Framework</u> consisting of the actual results of your project versus the indicators and expected results agreed upon (Annex A-2 of the Contribution Agreement).</p> <p><input type="checkbox"/> 4. A <u>Financial Report</u> (by fiscal year, ending March 31) comparing actual expenses and revenues to the budget provided (Annex B-1 of the Contribution Agreement).</p> <p><input type="checkbox"/> 5. <u>Any course material</u> used for your project, as well as a summary of participants survey results.</p> |
|--|---|