

# Community Initiatives Fund Canadian HIV Vaccine Initiative (CHVI)

## APPLICATION FORM

All applications must be submitted to the address shown below using the “Community Initiatives Fund Application Form”. Applications may be submitted in either official language.

Only those eligible applicants that have followed the application format will be considered for review.

**The deadline for applications is TO BE DETERMINED.** Only applications post-marked by the deadline will be accepted. It is the applicant’s responsibility to ensure that the application is received on time.

Applications should include a cover letter and be typed in a font size of 12 point black ink on white paper, one sided and letter size only (8.5" x 11") with a maximum of 20 pages (this does not include budget, work plan and letter(s) of partnership). Supporting documents should be photo reduced if larger than (8.5" x 11"). No supplementary audio or video material will be accepted.

Applications should be submitted in six (6) copies, in hard-copy paper format. Please ensure one (1) copy is unbound. Applications submitted electronically or by fax will not be accepted. Please ensure your pages are numbered.

PHAC and Health Canada will reject applications that do not adhere to the application form, specified format and requirements and not post marked by the application deadline.

Please submit your completed application form with all additional requested documentation to:

Office of HIV Vaccines  
Public Health Agency of Canada  
100 Colonnade Rd, Room 024A  
Postal Locator: 6201D  
Ottawa, Ontario K1A 0K9

## **SECTION I: ORGANIZATION INFORMATION**

### **1. Information about the Applicant Organization**

**Legal Name of Applicant Organization:**

**Executive Director:**

**Street Address:**

**Mailing Address (if different from above):**

**City, Province<sup>1</sup>:**

**Postal Code:**

**Telephone: ( )**

**Fax: ( )**

**E-mail:**

### **2. Contact Information for individual responsible for this application**

**Name:**

**Title (e.g. Executive Director/Board Chair/President/Program Coordinator):**

**Telephone: ( )**

**Fax: ( )**

**E-mail:**

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<sup>1</sup>An organization in Quebec whose operations are partially or fully funded by the province of Quebec may be subject to An Act Respecting the Conseil exécutif (L.R.Q., chapter —30).

3. **What is your preferred language of correspondence? Please check one of the following:**

- English
- French

4. **Incorporation/Registration Information**

a. Is your organization a registered charity?

No

Yes  If yes, please complete the following:

b. Date of incorporation/registration as a non-profit organization:

c. Incorporation/registration number:

d. Please attach a copy of the organizations' Certificate of Status.

5. **Does the applicant organization owe any money to the federal government under legislation or previous contribution agreements?**

No

Yes

If yes, please indicate which legislation and/or provide the contribution program name, project reference number and departmental contact name.

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6. **The applicant organization must have an elected, volunteer Board of Directors.**

a. Provide a list of the current board members:

b. Please provide the date of and the number of official members that attended the most recent Annual General meeting of the organization:

**7. Conflict of Interest:**

*Applicants and recipients of funding must respect and comply with the Conflict of Interest and Post-Employment Code for Public Office Holders and the Conflict of Interest and Post-Employment Code for the Public Service. Where an applicant employs or has a major stakeholder who is either a current or former (in the last twelve months) public office holder or public servant in the federal government, compliance with the Code(s) must be demonstrated. Please contact us if you require further information.*

**Has your organization, in the last 12 months, employed a former Public Servant or a Public Office Holder who is subject to the Conflict of Interest and Post-Employment Code for Public Services Employees and/or the Conflict of Interest and Post-Employment Code for Public Office Holders?** (The same requirement applies to a member of the Board of Directors).

- No
- Yes  If yes, please contact the Program Consultant identified on page one of this Application Form.

**8. Sources of Funding**

- a. Describe any federal funding your organization is currently receiving. Please provide the following details (if there is insufficient space, please complete this chart on a separate piece of paper and attach to your Application Form):

Federal Department/ Agency	Department/Agency Contact (name and phone numbers)	Duration of Funding	Amount, Type of Funding (ie. Grant, Contribution or Contract)	Brief description

- b. Describe other source(s) of funding (non-federal government funding) your organization is currently receiving (if there is insufficient space, please complete this chart on a separate piece of paper and attach to your Application Form):

<b>Name of Other Funding Source</b>	<b>Duration of Funding</b>	<b>Amount, Type of Funding</b>	<b>Brief description</b>

c. Please attach your organization’s most recent annual report and audited financial statements.

## **SECTION II: PROJECT SUMMARY AND ACTIVITIES**

1. **Project Title:** \_\_\_\_\_

2. **Project Duration**

This current ISA from the CI Fund will fund projects from on-or-after October 01, 2008 to on-or-before September 30, 2010.

Please specify your project's proposed start date and end date:

START DATE (yyyy/mm/dd): \_\_\_\_\_

END DATE (yyyy/mm/dd): \_\_\_\_\_

3. **Project Summary**

Please provide (in 350 words or less), a summary of the proposed project consistent with the following template:

- a) The mandate of the organization is.....
- b) The partner(s) with whom the organization will work with are.....
- c) The objectives are.....
- d) The activities the organization will undertake to meet the objectives are.....
- e) The expected results are.....
- f) The tools that will be used to measure the results are.....
- g) This will produce.....
- h) The results will be disseminated by.....

4. **Eligible Activity Areas**

The logic model for the CI Fund identifies three activity areas that are eligible for funding.

Please check the appropriate eligible activity area(s) under which you are proposing work:

- Area 1: Policy Development
- Area 2: Legal, Ethical and Human Rights Analysis







## **SECTION IV: WORK PLAN**

Using the work plan template below and referencing the CI Fund logic model - Appendix B, please complete the work plan template below and provide the requested information. Each section of the work plan template is described below.

### **1. Activities**

The activities that your project carries out are the main work of your project. In the work plan template below, please detail the clear and achievable activities that your project will carry out to achieve the specified short-term outcomes.

### **2. Time Lines**

Each specified activity must take place on or around an identified date between **October 01, 2008 and September 30, 2010.**

In the work plan below, please ensure that each activity has an identified date or date range.

### **3. Person Responsible**

Each activity must have a person responsible for the completion of the activity. These may include project personnel, contractors, volunteers and/or project partners.

In the work plan below, please ensure that each activity has a corresponding person responsible.

**For each person responsible in your project work plan, please include a job description for their position and attach to your completed Application Form.**

### **4. Outputs (refer to logic model - Appendix B)**

Project outputs are the direct products that will be created by the project activities. Please be as specific as possible.

In the work plan below, please list the outputs that correspond with each project activity.

<b>Activities</b>	<b>Timeline</b>	<b>Person Responsible*</b>	<b>Output</b>

\* Please attach job descriptions of all personnel implicated in the project work plan.

**SECTION V: EVALUATION**

**Evaluation is an important component of your project work and your project planning. The aim of evaluation is to determine the extent to which your project contributed to the achievement of the identified short term outcomes and to find out what helped or hindered progress.**

Please explain how your project will track and evaluate results:

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**SECTION VI: DISSEMINATION PLAN/GLOBAL ACCESS**

**1. \_\_\_\_\_ Please outline how and to whom your organization plans to share the results (final reports, project materials such as posters, guidelines, and created resource materials, participating in international fora) and how this will support Global Access:**

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**SECTION VII: BUDGET**

- 1. Describe any in-kind donations that your organization and/or partner(s) will contribute to the proposed activities in this application.**

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- 2. Are funds being received or applied for from other sources for your project? If so, please identify the amount requested/received and the funding source.**

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- 3. Using the Detailed Budget Form and instructions provided in Appendix A, please provide a complete detailed budget for your project (NOTE: this is the budget requested from the CI fund only and should not include any in-kind or other).**

Each budget should include costs, as applicable, in government fiscal years [ie: Year One (October 01, 2008 to March 31, 2009), Year Two (April 01, 2009 to March 31, 2010) and Year Three (April 01, 2010 to September 30, 2010)].

**SECTION VIII: APPLICATION AUTHORIZATION**

**1. Authorization by Organization Executive Director**

**By my signature, I declare that:**

- all the information provided in this Application Form is accurate and complete;
- no employees are in conflict of interest with the post-employment guidelines of the federal government;
- this application is made on behalf of the organization named in section one with its full knowledge and consent.

**Name (please print):** \_\_\_\_\_

**Title (please print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Witnessed By  
(please print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**2. Authorization by Chair/President of Organization Board of Directors:**

**By my signature, I declare that:**

- all the information provided in this Application Form is accurate and complete;
- no employees are in conflict of interest with the post-employment guidelines of the federal government;
- this application is made on behalf of the organization named in section one with its full knowledge and consent.

**Name (please print):** \_\_\_\_\_

**Title (please print):** \_\_\_\_\_

**Contact Information  
(please print):** \_\_\_\_\_

**Signature:**

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**Date:**

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**Witnessed By  
(please print):**

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**Signature:**

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**Appendix A**  
**Detailed Budget Form - Amount Requested from the CI Fund**

**Project Start Date:** \_\_\_\_\_ **Project End Date:** \_\_\_\_\_

CATEGORY	Fiscal Year 2008/2009	Fiscal Year 2009/2010	Fiscal Year 2010/2011	NOTES
<b>1. PERSONNEL</b>				
Project Full-time/Part-time Employees				
Employer's share of payroll deductions				
Project Contractual Employees				
Honoraria				
<b>SUB-TOTAL</b>				
<b>2. TRAVEL</b>				
Project Transportation				
Accommodations & Meals				
<b>SUB-TOTAL</b>				

CATEGORY	Fiscal Year 2008/2009	Fiscal Year 2009/2010	Fiscal Year 2010/2011	NOTES
<b>3. MATERIALS</b>				
Project Materials				
Project Postage				
Project Printing				
<b>SUB-TOTAL</b>				
<b>4. EQUIPMENT</b>				
Project equipment purchases				
Project equipment rent				
<b>SUB-TOTAL</b>				
<b>5. RENT AND UTILITIES (PHAC funding only)</b>				
Project rent				
Project Utilities (electricity, telephone, gas)				
<b>SUB-TOTAL</b>				
<b>6. EVALUATION (up to 10% of total project costs unless donated)</b>				
Project Evaluation				

CATEGORY	Fiscal Year 2008/2009	Fiscal Year 2009/2010	Fiscal Year 2010/2011	NOTES
Dissemination of Evaluation Results and Final Project Materials				
<b>SUB-TOTAL</b>				
<b>7. OTHER (only for costs that do not fit under the previous categories)</b>				
1) Project Audit Schedule ( <u>see note</u> )				
2)				
3)				
4)				
5)				
<b>SUB-TOTAL</b>				
<b>TOTAL COST OF PROJECT</b>				
<b>TOTAL FUNDING REQUESTED FROM CHVI</b>				
<b>OTHER INCOME FROM OTHER SOURCES</b>				
<b>TOTAL BUDGET FOR THE PROJECT</b>				

## Budget category explanations

**NOTE: All eligible expenditures should include applicable taxes.**

### 1) Personnel

- i) **Full-time regular project employees:** In this section of the Detailed Budget Form, include only the project employees who draw a regular salary from the project. There is another section within this category for contractual help. In the “Notes” section of the form, please state how many hours per week the employee will work and their hourly wage.

Enter employees’ **gross** salaries (before deductions) for time spent directly on the project under the Personnel category. In other words, if an employee is working part-time on the project and part-time on other duties with the sponsoring organization, only that portion of time allocated to the project is entered here.

- ii) **Employer’s share of payroll deductions:** In this section, enter the total of the employer's share of payroll deductions such as Employment Insurance, Canada or Quebec Pension Plan, other payroll taxes (e.g., provincial health tax), etc., for full-time project employees. Contact your local Canada Revenue Agency (CRA) office for rate tables or consult CRA’s web site: <http://www.cra-arc.gc.ca/menu-e.html>.

This section should also include vacation pay for employees who will receive a lump sum payment instead of paid leave. Contact your provincial ministry of labour to determine vacation pay rates for your province.

**NOTE: Organizations should develop clear personnel guidelines regarding such things as hours of work, job descriptions, employee benefit packages including vacation pay/leave, etc., and ensure that they are fully implemented.**

- iii) **Project Contractual employees:** Enter the name of all persons hired on a contractual basis, as well as the nature of the services provided to the project (e.g., temporary help, script writers, translators, etc.). In the “Notes” section of the form, please state how many hours per week the employee will work and their hourly wage.

### 2) Travel

In this category, record all costs for travel related to carrying out the activities described in the project’s workplan and provide a detailed account of all expenses (e.g., the purpose, number of people traveling, the destination, etc).

- i) Under **Project Transportation**, include all costs for private vehicle mileage, air fares, bus passes, etc.
- ii) Under **Project Travel Expenses**, include the cost of meals, accommodation, etc., while on travel status.

**NOTE: Mileage rates and meal allowances may not exceed Federal Government Treasury Board rates in effect at time of travel. The Agency can provide you with the information needed to calculate these costs. Click on the following link for information on meals and mileage. [http://www.tbs-sct.gc.ca/hr-rh/gtla-vqcl/index\\_e.asp](http://www.tbs-sct.gc.ca/hr-rh/gtla-vqcl/index_e.asp)**

**3) Materials**

- i) Under **Project Materials**, enter the total cost of materials related to the project that need to be purchased (such as videotapes, reference materials, films, paper, pens, etc.)
- iii) Under **Project Printing**, include costs incurred for work done **by a printing firm**. Use this only if applicable. For documents that are printed by the organizations, please include costs in project materials.
- iv) Under **Project Postage**, include the cost of postage, freight, messenger services, etc.

**4) Equipment**

- i) The **Project Equipment Purchase** category is used to record the costs for purchasing computers, photocopiers, etc. for the project if necessary. Identify each item and cost separately. The project is allowed to purchase items such as computers, fax machines, filing cabinets, etc., if it is cost-effective. **Please consult the Public Health Agency of Canada before making such purchases.**
- ii) The **Project Equipment Rent** category is used to record the costs for renting computers, photocopiers, etc. for the project. Identify each item and cost separately.

**NOTE: It is not acceptable for recipient organizations to charge rent for computers they own. It is expected that organizations, as part of their in-kind contributions to the project, will give project staff access to their equipment. If the project is putting a strain on existing equipment, organizations may charge the project a fee for computer use (generally this is an hourly or daily fee) and a log must be kept to account for this time.**

**5) Rent and Utilities (PHAC funding only)**

- i) In the **Project Rent** category, include the cost of renting space, **if necessary** (see note below), as well as the cost of any utility that is included in the monthly rental fee.
- ii) In the **Project Utilities** category, include the cost of all utilities that are not already covered in the monthly rental fee. In most cases, it is only telephone charges, but in other cases, heat, electricity, water, etc. are not included in the rent. Identify the cost for each utility separately.

**NOTE: It is not acceptable for recipient organizations to charge rent for space that they own as it is considered part of their in-kind contributions to the project**

**6) Evaluation**

**Project Evaluation** includes all costs related to the evaluation of your project, for example, contract fees for an external evaluator, costs for staff, board members or participants involved in the planning, data collection and analysis components of the evaluation,

**Dissemination of Evaluation Results** includes the printing/photocopying and postage for the dissemination of evaluation results, etc.

**7) Other**

This category is to be used to show the cost for all expenditures that are directly related to the project but do not fit within any of the specific sections. Some examples might be registration fees for a seminar, bookkeeping and audit fees, bank charges, etc.

The last portion of the Detailed Budget Form requires that you indicate the **Total Cost** for your project, including income from other sources.

**CHVI Community Initiatives Fund - Logic Model**

