



APPENDIX A

SUBMISSION FORMAT

1. SUMMARY INFORMATION

Name of Society: _____

Mailing Address _____

Contact Person and Title: _____

Telephone: _____ Fax: _____

Email Address: _____ Website Address _____

Incorporation Number _____ Incorporation Date _____

Canada Customs and Revenue Agency Charity Number (if applicable) _____

2. SOCIETY'S ORGANIZATION, DEVELOPMENT TEAM AND EXPERIENCES

INCORPORATION DOCUMENTS

Please submit;

- A copy of the Society's Certificate of Incorporation, constitution and by-laws or application for incorporation and draft constitution and by-laws
- Most recent Audited Financial Statements with Auditor 's Letter and Annual Report

OPERATING EXPERIENCE

Please summarize the Society's existing operations as requested below:

A. Staff

Please use Full Time Equivalent (FTE) to count staff.

- Program Staff _____ FTEs
- Volunteers Co-ordination _____ FTEs
- Facilities Management _____ FTEs
- Administrative Staff _____ FTEs
- Others _____ FTEs
- Aboriginal Staff _____ FTE, PTE or Volunteers



B. Clients

Estimate number of clients served annually _____

Clients with similar needs to those the Project will house _____

Aboriginal Clients regardless of needs _____

OFFICERS, DIRECTORS AND SENIOR STAFF EXPERIENCE

Please summarize Board and Management experience in the format below.
Do not send individual resumes.

Name	Board Position	Years on Board	End of Term	Aboriginal Yes / No	Occupation/Qualifications & Committee Participation
	Chair / Pres.				
	VP				
	Secretary				
	Treasurer				
	Director				
	Director				
	Director				
	Exec. Director				
	Others				

3. ADDITIONAL INFORMATION

Please submit:

- Summary of Proposed Schedule for delivery of program
- Description of proposed plan for delivery of services – (ie: hours of operation, program activities) – no more than one page.