# Occupational Health and Safety Funding Program: **Application Check List**

# This checklist is for your convenience. You are not required to submit it with your application form.

If you have any questions, please contact the OHS Funding Program Administrator: Email: funding@wscc.nt.ca or funding@wscc.nu.ca Phone: 867-920-3843

- 1. I have read the OHS Funding Program Information Guide.
- 2. I have confirmed my organization's eligibility, and have attached the necessary supporting documents to prove it:

#### • For organizations based in the Northwest Territories or Nunavut:

A Certificate of Corporate Registry

- For organizations that report payroll to the WSCC:
  - A Safe Workplace or Advanced Safe Workplace Certificate

OR

- Provided evidence that your organization is taking steps to achieve a Safe Workplace or Advanced Safe Workplace certificate.
- For organization that DO NOT report payroll to the WSCC:

Provided suitable evidence of your organization's commitment to a safe workplace.

OR

Reached out to the OHS Funding Program Administrator to discuss my options.

#### • For organizations based OUTSIDE of the Northwest Territories or Nunavut:

A Certificate of Corporate Registry from Corporate Registries in NWT or NU.

Suitable evidence of your organization's commitment to a safe workplace.

OR

Reached out to the OHS Funding Program Administrator to discuss my options.



3.	I have completed all applicat	le sections of the application form:
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	A – Contact	Information
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- **B** Organization Information:
  - B Part 1: Lead Organization Information
  - B Part 2: Operating Partner Contribution and Information (if applicable)
  - **B Part 3**: External Funder Information (if applicable)
- **C** OHS Initiative Information:
  - C Part 1: Description and Purpose
  - C Part 2: Initiative (Plan, Preparation, Promotion, Delivery, Measuring Success)
  - C Part 3: Timeline
  - C Part 4: Delivery Team
  - C Part 5: Budget Proposal Worksheet

## 4. I have read and understood the following application sections:

- **D** Declaration of Conflict of Interest (if applicable)
- **E** Terms and Conditions of Application
- **F** Declarations
- 5. (If applicable) I have included a supplementary document for sections where I needed more space.
- 6. I have attached the following supporting documents as described in the application form:
  - REQUIRED:

Two (2) signed letters as evidence of the organization's experience and expertise.

Resumé for the Delivery Team Lead

### • IF APPLICABLE:

- The Operating Partner's Certificate of Corporate Registry
- A signed letter from the Operating Partner confirming their contribution
- Information for additional Delivery Team Members
- Resumés for the Delivery Team Co-Lead(s)
- ] Past year's audited financial statements (if total initiative funding request is more than \$50,000, or applying for either multi-year or advanced funding)

#### • OPTIONAL:

- Resumés for other Delivery Team members
- ] Other supporting documents that you choose to include
- 7. For funding requests of more than \$50 000: I have included my signature and the signature of the Chief Executive Officer.

