

# Application for Health and Safety Funding Program

**Submit your completed application to the address at the end of this form.**

For more information about the Occupational Health and Safety (OHS) Funding Program, including eligibility and the application process, please review the OHS Funding Program Information Guide at [wscc.nt.ca](http://wscc.nt.ca) or [wscc.nu.ca](http://wscc.nu.ca).

If your organization is applying for more than one initiative, complete a separate application form for each. If you require additional space for any responses, please indicate this in the applicable response section of the form and attach a document with your application submission.

Please review the **application checklist** (including the list of supporting documents), available at [wscc.nt.ca](http://wscc.nt.ca) or [wscc.nu.ca](http://wscc.nu.ca).

If you have any questions, please contact the **OHS Funding Program Administrator:**

Email: [funding@wscc.nt.ca](mailto:funding@wscc.nt.ca) or [funding@wscc.nu.ca](mailto:funding@wscc.nu.ca)

Phone: 867-920-3843

A – Contact Information			
Lead Organization (legal name)		Trade Name (if different)	
Mailing Address		Community/City	Territory/Province
			Postal Code
Organization's website address			
<b>Name of (choose one):</b> <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Executive Director			
First Name		Last Name	
Title (if applicable)	Telephone (include Area Code)	Email Address	
<b>Primary Contact</b>			
First Name		Last Name	
Title (if applicable)	Telephone (include Area Code)	Email Address	
Are you authorized to sign on behalf of the organization/entity?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Preferred Contact Method			
<input type="checkbox"/> Telephone <input type="checkbox"/> Email			
Preferred Language			
<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Inuktitut <input type="checkbox"/> Other: _____			

Alternate Contact		
First Name		Last Name
Title (if applicable)	Telephone (include Area Code)	Email Address
Are you authorized to sign on behalf of the organization/entity?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Preferred Contact Method		
<input type="checkbox"/> Telephone <input type="checkbox"/> Email		
Preferred Language		
<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Inuktitut <input type="checkbox"/> Other: _____		

## B – Organization Information

### B – Part 1: Lead Organization Information

- Have you received funding from the WSCC in the past?
   
☐ Yes   ☐ No
   
If yes, please provide the Contribution Agreement number \_\_\_\_\_ and year of most recent funding \_\_\_\_\_
- What is the legal status of your organization?
   
☐ Proprietorship   ☐ Partnership   ☐ NWT Corporation   ☐ NU Corporation  
☐ Extra-territorial Corporation   ☐ Co-operative Association   ☐ Non-Profit Society   ☐ Indigenous Government  
☐ Hamlet, Village, or Town   ☐ Other (provide details): \_\_\_\_\_
- How many years has your organization been in operation?
- Where is your organization's head office located?
- Please provide a copy of the Corporate Registry for the territory(ies) in which you will be delivering the proposed initiative. If your organization is extra-territorial, please provide a copy of the Certificate of Corporate Registry from NWT and/or NU – depending on where you will be delivering the proposed initiative.
   
**Required Supporting Document:**
  
☐ **Yes, I have included with my application a copy of the Certificate of Corporate Registry for:**
  
☐ NWT   ☐ NU   ☐ Both
- Is your organization registered with the Government of the Northwest Territories' (GNWT) Business Incentive Policy (BIP)?
   
☐ Yes   ☐ No
   
Government of Nunavut's (GN) Nunavummi Nangminiaqtunik Ikajuuti (NNI)?
   
☐ Yes   ☐ No
- Are you a registered employer with the WSCC?
   
☐ Yes   ☐ No
   
If yes, please provide your WSCC Employer Number: \_\_\_\_\_
- Are you a Safe Workplace or an Advanced Safe Workplace according to the WSCC's Safe Workplace program?
   
☐ Yes   ☐ No
   
☐ **If Yes, I have included with my application a copy of our Safe Workplace or Advanced Safe Workplace Certificate.**
  
**If No, I have discussed with the OHS Funding Program Administrator:**
  
☐ How I can demonstrate that we are actively working toward becoming a WSCC Safe Workplace, or  
☐ That I provide suitable evidence of our organization's commitment to a safe workplace.

<b>9.</b> What is your organization's core business operation?				
<b>10.</b> You must provide evidence of your organization's ability to successfully deliver results for the OHS initiative you are proposing. Submit with your application two (2) signed letters that provide evidence of the organization's experience and expertise. Letters can be from organizations you have provided OHS services to in the past, previous funders, community leaders, or employment references.  <b>Required Supporting Document:</b>  <input type="checkbox"/> <b>Yes, I have included with my application two (2) signed letters as evidence of the organization's experience and expertise.</b>				
<b>B – Part 2: Operating Partner Contribution and Information (if applicable)</b>				
An Operating Partner is an organization that provides support with preparing, promoting, delivering and/or measuring the success of an OHS initiative. They may also provide financial or in-kind support to the applicant organization.				
<b>11.</b> Are you partnering with another organization for this initiative?  <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>If yes, please complete the remainder of “B – Part 2”.</b> <b>If no, go to “B – Part 3” to continue.</b>				
<b>12.</b> How will the Operating Partner contribute to the initiative? (select all that apply):  <input type="checkbox"/> Support with preparing for, promoting, delivering and/or measuring the success of the initiative <input type="checkbox"/> In-kind support <input type="checkbox"/> Financial support  <i>If you have selected any of the above, you must include a signed letter from your Operating Partner that clearly states their contribution(s).</i>  <input type="checkbox"/> <b>Yes, I have included with my application a signed letter from my Operating Partner that clearly states their contribution(s).</b>  <i>Note: You may not be eligible if you have an Operating Partner who is currently receiving funding from the WSCC for a similar OHS initiative.</i>				
<b>13. Operating Partner Contact Information (if applicable)</b>				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Operating Partner (legal name)</td> <td style="width: 50%; padding: 5px;">Trade Name (if different)</td> </tr> </table>	Operating Partner (legal name)	Trade Name (if different)		
Operating Partner (legal name)	Trade Name (if different)			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; padding: 5px;">Mailing Address</td> <td style="width: 20%; padding: 5px;">Community/City</td> <td style="width: 20%; padding: 5px;">Territory/Province</td> <td style="width: 20%; padding: 5px;">Postal Code</td> </tr> </table>	Mailing Address	Community/City	Territory/Province	Postal Code
Mailing Address	Community/City	Territory/Province	Postal Code	
Organization's website address				
<b>Name of (choose one):</b> <input type="checkbox"/> <b>Owner</b> <input type="checkbox"/> <b>Operator</b> <input type="checkbox"/> <b>Executive Director</b>				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">First Name</td> <td style="width: 50%; padding: 5px;">Last Name</td> </tr> </table>	First Name	Last Name		
First Name	Last Name			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; padding: 5px;">Title (if applicable)</td> <td style="width: 30%; padding: 5px;">Telephone (include Area Code)</td> <td style="width: 30%; padding: 5px;">Email Address</td> </tr> </table>	Title (if applicable)	Telephone (include Area Code)	Email Address	
Title (if applicable)	Telephone (include Area Code)	Email Address		
<b>Primary Contact</b>				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">First Name</td> <td style="width: 50%; padding: 5px;">Last Name</td> </tr> </table>	First Name	Last Name		
First Name	Last Name			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; padding: 5px;">Title (if applicable)</td> <td style="width: 30%; padding: 5px;">Telephone (include Area Code)</td> <td style="width: 30%; padding: 5px;">Email Address</td> </tr> </table>	Title (if applicable)	Telephone (include Area Code)	Email Address	
Title (if applicable)	Telephone (include Area Code)	Email Address		
Are they authorized to sign on behalf of the organization/entity?  <input type="checkbox"/> Yes <input type="checkbox"/> No				
Preferred Contact Method  <input type="checkbox"/> Telephone <input type="checkbox"/> Email				

Preferred Language

☐ English ☐ French ☐ Inuktitut ☐ Other: \_\_\_\_\_

**14.** What is the legal status of the Operating Partner organization?

- ☐ Proprietorship ☐ Partnership ☐ NWT Corporation ☐ NU Corporation  
☐ Extra-territorial Corporation ☐ Co-operative Association ☐ Non-Profit Society ☐ Indigenous Government  
☐ Hamlet, Village, or Town ☐ Other (provide details): \_\_\_\_\_

**Required Supporting Document:**

☐ **Yes, I have included with my application a copy of the Operating Partner's Certificate of Corporate Registry.**

**B – Part 3: External Funder Information (if applicable)**

An External Funder is an organization that provides only financial or in-kind support to the applicant organization. They do not provide operational support for the initiative.

**15.** Do you have External Funder(s) for this initiative?

☐ Yes ☐ No

If yes, please list the names of External Funder(s):

**Note:** WSCC may request a signed letter from your External Funder(s) that clearly states their contribution.

**C – OHS Initiative Information**

If applying for funding for more than one initiative, complete a separate application form for each.

**C – Part 1: Description and Purpose**

**16. Title of Initiative:**

**17.** Describe the OHS initiative your team will be delivering:

**18.** Does the OHS initiative include Supervisor Safety Familiarization Training and/or First Aid Training?

☐ Yes ☐ No

**19.** Who will be the recipient of the OHS initiative? (select all that apply):

☐ Employers ☐ Workers ☐ Educators ☐ Youth ☐ Other (please specify): \_\_\_\_\_

**20.** Describe the overall goal of this initiative.

*Examples: To increase the number of trained First Aid attendants in (name of community). To optimize the safety and health performance of (name of organization).*

**21.** Why is this initiative needed in this region and at this time? Or, what is the gap in health and safety that this initiative will meet?

**22.** How have you determined that this need exists?

*Examples: You have heard from organizations that there are no First Aid providers available in the region. You've heard from businesses that there is limited understanding among workers of safe work practices in extreme cold conditions.*

**C – Part 2: Initiative Plan**

**Preparation**

**23.** What are some key actions you will take to prepare for this initiative?

*Examples: Conduct a service-based needs assessment, train your team, create a schedule for delivery.*

**24.** What existing resources do you already have for the preparation of your initiative?

*Examples: Train-the-trainer materials.*

**25.** What resources do you need for the preparation of your initiative?

*Examples: A contractor to conduct a needs assessment.*

**Promotion**

**26.** Will you need to promote your initiative to ensure participation?

☐ Yes ☐ No

**If yes, please complete the remainder of “Promotion”**

**If no, go to “Delivery” to continue.**

**27.** What promotional methods will you use?

*Examples: Social media, radio advertising, direct emails, phone calls.*

**28.** What existing resources do you already have for the promotion of your initiative?

*Examples: In-house graphic design support, existing promotional materials.*

**29.** What resources do you need for the promotion of your initiative?

*Examples: Contractor for graphic design work, money for placing radio ads.*

**Delivery**

**30.** Describe the method(s) and style of delivery.

*Examples: In-person training, with a mix of classroom learning and hands-on experience; one-to-one support for manager or workers of organizations, symposium with plenary and break-out sessions.*

<p><b>31.</b> List the audience(s) you will be reaching with the initiative and include the names of organizations and/or businesses if applicable:  <i>Examples: Office workers, mine workers, safety professionals.</i></p>																								
<p><b>32.</b> Estimated number of participants:</p>																								
<p><b>33.</b> In which community(ies) will the initiative be delivered?  <i>Examples: Whati, NWT, and Cambridge Bay, NU.</i></p>																								
<p><b>34.</b> Which <b>one</b> of the following best describes this initiative?</p> <p><input type="checkbox"/> One-time event</p> <p><input type="checkbox"/> Same event, delivered multiple times to different audiences</p> <p><input type="checkbox"/> Ongoing support (For example: supporting employers or workers with their OHS program over a period of time)</p> <p><input type="checkbox"/> Other (please specify): _____</p>																								
<p><b>35.</b> Complete <b>“A”</b> or <b>“B”</b> (whichever applies):</p> <p><b>A.</b> For events: How long is a session? _____ hrs.</p> <p>Will there be more than one session?</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No   If yes, how many sessions? _____</p> <p>If more than one session, please provide the start and end date.</p> <p>Start date <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 100px;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 60px; height: 20px;"></td></tr><tr><td style="font-size: 8px;">MM</td><td style="font-size: 8px;">DD</td><td style="font-size: 8px;">YYYY</td></tr></table> End date <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 100px;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 60px; height: 20px;"></td></tr><tr><td style="font-size: 8px;">MM</td><td style="font-size: 8px;">DD</td><td style="font-size: 8px;">YYYY</td></tr></table></p> <p><b>B.</b> For ongoing support or other types of initiatives: For how long will you be providing the service?</p> <p>Start date <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 100px;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 60px; height: 20px;"></td></tr><tr><td style="font-size: 8px;">MM</td><td style="font-size: 8px;">DD</td><td style="font-size: 8px;">YYYY</td></tr></table> End date <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 100px;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 60px; height: 20px;"></td></tr><tr><td style="font-size: 8px;">MM</td><td style="font-size: 8px;">DD</td><td style="font-size: 8px;">YYYY</td></tr></table></p>				MM	DD	YYYY				MM	DD	YYYY				MM	DD	YYYY				MM	DD	YYYY
MM	DD	YYYY																						
MM	DD	YYYY																						
MM	DD	YYYY																						
MM	DD	YYYY																						
<p><b>36. Resource Needs for Delivery:</b></p> <p>What existing resources do you already have to deliver this initiative?  <i>Examples: Curriculum, workbooks.</i></p>  <p>What resources do you need to deliver this initiative?  <i>Examples: Facilities rental, caterer.</i></p>																								
<p><b>Measuring Success</b></p>																								
<p><b>37. Outcomes:</b></p> <p>What is the desired impact of your initiative on participants’ knowledge, skills, abilities, attitudes, awareness, or behaviours?  <i>Example: Supervisors have an increased understanding of their responsibilities under the Safety Act.</i></p>																								
<p><b>38. Indicators:</b></p> <p>What will you be measuring to determine the impact of the initiative?  <i>Quantitative examples: Number of events held, number of participants, number of safety plans created, number of participants who passed the exam.</i></p>  <p><i>Qualitative examples: May include questions that capture specific changes in participants’ knowledge, attitudes, or awareness before and after the event: “On a scale of 1-10, how would you rate your understanding of a supervisor’s responsibility in terms of safety of their employees?”</i></p>																								

**39. Methods and Tools:**

What evaluation methods and tools will you use to measure the impact of the initiative?

*Quantitative examples: Attendance, forms, other data collection tools.*

*Qualitative examples: Evaluations, surveys, pre- and post-participant questionnaires.*

**40. Resource Needs for Measuring Success:**

What resources do you already have to help you measure success?

*Examples: A subscription to an online platform for creating, distributing, and analyzing surveys.*

What resources do you need to help you measure success?

*Examples: Contractor with evaluation expertise.*

**C – Part 3: Timeline****41. Timeline**

Please complete the table below.

TOTAL FUNDING TERM (from 1 to 5 years): January 1, 20 \_\_\_\_ to December 31, 20 \_\_\_\_

Key Steps	Detailed Steps (if applicable)	From			To		
		MM	DD	YYYY	MM	DD	YYYY
PREPARATION							
PROMOTION							
SERVICE DELIVERY							
MEASURING SUCCESS							
OTHER							

**C – Part 4: Delivery Team**

42. What is the total number of team members who will be delivering this initiative?

\_\_\_\_\_

**Note:** If more than 3 team members, provide the additional Team Member information in a separate document.

43. How many resumés are you including with the application?

\_\_\_\_\_

**Note:** You must include a resumé for the team lead or co-leads. Resumés for other team members are optional.

**Team Member #1 (Lead)**

First Name

Last Name

Title (if applicable)

**Required Supporting Document:**

☐ **Yes, I have included with my application a resumé for the Lead Team Member.**

44. Has this person lived and/or worked in the NWT and/or NU?

☐ Yes ☐ No

If yes, how many years? \_\_\_\_\_

45. What is this person's relationship with your organization? (select one):

☐ Employee of organization

☐ Employee of Operating Partner

☐ Consultant (if applicable). Name of consultant: \_\_\_\_\_

☐ Contractor (if applicable). Name of contractor: \_\_\_\_\_

☐ Volunteer

☐ Other: \_\_\_\_\_

46. What is this person's role in the initiative?

47. Please list their expertise (specialized training and/or credentials) and experience related to the initiative:

48. Please list the cultural awareness training they have completed that is specific to the territory where the initiative will take place:

*Example: GNWT's Living Well Together - Indigenous Cultural Awareness and Sensitivity Training.*

**Team Member #2**

First Name

Last Name

Title (if applicable)

Is this Team Member a co-lead? ☐ Yes ☐ No **Is a resumé included for this team member?** ☐ Yes ☐ No

49. Has this person lived and/or worked in the NWT and/or NU?

☐ Yes ☐ No

If yes, how many years? \_\_\_\_\_



**50.** What is this person's relationship with your organization? (select one):

☐ Employee of your organization

☐ Employee of Operating Partner

☐ Consultant (if applicable). Name of consultant: \_\_\_\_\_

☐ Contractor (if applicable). Name of contractor: \_\_\_\_\_

☐ Volunteer

☐ Other: \_\_\_\_\_

**51.** What is this person's role in the initiative?

**52.** Please list their expertise (specialized training and/or credentials) and experience related to the initiative:

**53.** Please list the cultural awareness training they have completed that is specific to the territory where the initiative will take place:  
*Example: GNWT's Living Well Together – Indigenous Cultural Awareness and Sensitivity Training.*

**Team Member #3**

First Name	Last Name
Title (if applicable)	
Is this Team Member a co-lead? <input type="checkbox"/> Yes <input type="checkbox"/> No    Is a resumé included for this team member? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**54.** Has this person lived and/or worked in the NWT and/or NU?

☐ Yes ☐ No

If yes, how many years? \_\_\_\_\_

**55.** What is this person's relationship with your organization? (select one):

☐ Employee of your organization

☐ Employee of Operating Partner

☐ Consultant (if applicable). Name of consultant: \_\_\_\_\_

☐ Contractor (if applicable). Name of contractor: \_\_\_\_\_

☐ Volunteer

☐ Other: \_\_\_\_\_

**56.** What is this person's role in the initiative?

**57.** Please list their expertise (specialized training and/or credentials) and experience related to the initiative:

**58.** Please list the cultural awareness training they have completed that is specific to the territory where the initiative will take place:  
*Example: GNWT's Living Well Together – Indigenous Cultural Awareness and Sensitivity Training.*

**C – Part 5: Budget Proposal Worksheet**

Please see the OHS Funding Program Information Guide for types of eligible and non-eligible initiative expenses.

**Section 1 – General****Single- or Multi-Year Funding Request:**

**Reminder:** First-time applicants with the WSCC, or those who have no prior partnership history with the WSCC, are not eligible for multi-year funding.

☐ Single Year

☐ Multi-Year \_\_\_\_\_ years (Multi-year funding is available from 2 to 5 years)

Period Covered: January 1, 20 \_\_\_\_\_ to December 31, 20 \_\_\_\_\_

If requesting multi-year funding, explain your rationale for a multi-year commitment:

**Section 2 – Eligible Initiative Expenses**

Eligible Initiative Expenses	Total Budget	Funding Requested
Professional fees/Contract services	\$ _____	\$ _____
Honoraria	\$ _____	\$ _____
Rent (Facilities/Venue/Equipment/Vehicle)	\$ _____	\$ _____
Materials and supplies	\$ _____	\$ _____
Advertising and promotion	\$ _____	\$ _____
Travel	\$ _____	\$ _____
Other (specify): _____	\$ _____	\$ _____
<b>Subtotals</b>	<b>\$ _____ (A)</b>	<b>\$ _____ (B)</b>

**Section 3 – Non Eligible Initiative Expenses – if any**

Non-Eligible Initiative Expenses (specify)		NOT APPLICABLE
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
<b>Subtotal (C)</b>	<b>\$ _____</b>	
<b>Total Initiative Expenses (A + C)</b>	<b>\$ _____</b>	

**Section 4 – For Start-Up or Non-Profit Only – Administrative Expenses**

The WSCC will offset up to 15% of the total funding request for administrative expenses for start-ups and non-profit organizations. Administrative expenses are associated with the maintenance and administration of the organization on a day-to-day basis. If requesting funding for administrative expenses, indicate which type of organization you are:

☐ Start-Up ☐ Non-Profit

**Maximum allowable administrative expenses (D)**  
**(D = B x .15)**

\$ \_\_\_\_\_ **(D)**

**Administrative Expenses****Total Budget****Funding Requested**

Rent

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Utilities

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Telecommunications

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Vehicle expenses/lease

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Office supplies

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Salaries and wages

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Other (specify): \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**Totals Administrative Expenses**

\$ \_\_\_\_\_

**Eligible Administrative Expenses Requested (E)**

(amount not to exceed the maximum allowable amount, (D))

\$ \_\_\_\_\_ **(E)**

**Section 5 – Total Initiative Funding Request****Total Initiative Funding Requested (F)**

**(F = B + E)**

Minimum \$5,000 and maximum \$250,000 per initiative

\$ \_\_\_\_\_ **(F)**

**Section 6 – Advanced Funding Request**

Are you applying for advanced funding?

☐ Yes ☐ No

If yes, provide an explanation of why you are unable to carry out the initiative without an advance payment.

**Maximum Allowable Advanced Funding (G)**

**(G = F x .50)**

**Note:** Advanced funding will not exceed 50% of the total amount awarded and will be distributed over the multi-year funding period. For example:

Total amount awarded = \$80,000 over 4 year term

Maximum allowable advanced funding = \$40,000

Yearly advancement: Maximum of \$10,000 at the beginning of each year

\$ \_\_\_\_\_ **(G)**

**(Optional) Advanced Funding Amount Requested (H)**

If you are requesting advanced funding for less than the maximum allowable (G), please enter the amount here

\$ \_\_\_\_\_ **(H)**

Section 7 – Funding from Other Sources		
<b>Operating Partner(s)</b>		
Partner Name: _____	\$ _____	
Partner Name: _____	\$ _____	
<b>Other External Funder(s)</b>		
Funder Name: _____	\$ _____	
Funder Name: _____	\$ _____	
<b>Total Funding From Other Sources</b>	<b>\$ _____</b>	

If your Total Initiative Funding request is more than **\$50,000** or is for **multi-year funding**, or you are requesting **advanced funding**, you must include **a copy of your organization's past year's audited financial statements**.

**Note:** If the applicant is a start-up in their first year of operations and/or does not have any historical audited financial statements to submit with their application, the WSCC may conduct a credit check. Credit checks will not be conducted without the consent of applicants, however, failure to consent to a credit check request may prevent the processing of applications.

☐ **Yes, I have included with my application a copy of the past year's audited financial statements (if applicable).**

## D – Declaration of Conflict of Interest (if applicable)

Applicants must declare any real or perceived conflict of interest.

If you are aware of a conflict of interest related to the proposed initiative, briefly explain the circumstances of this conflict:

**Note:** Stating a conflict of interest does not necessarily disqualify your application from consideration. However, non-disclosure of a conflict may eliminate your application and could affect the consideration of any future funding for you or your organization. If you are unsure whether you have a conflict, please contact the Program Administrator.

## E – Terms and Conditions of Application

- Applications will not be considered if the applicant does not meet the eligibility criteria (Policy 00.09).
- Incomplete or late funding applications for the Occupational Health and Safety Funding Program will not be considered by the WSCC. It is the applicant's responsibility to ensure that their application is complete and accurate.
- Applicants may not change their application after the deadline unless such a change is the result of a request by the WSCC, or further discussion initiated by the WSCC.
- The WSCC, solely at its own discretion, may choose to accept applications with minor errors, omissions or inadequacies, but will be under no obligation to do so.
- The application and accompanying documentation submitted by the applicant will not be returned.
- The WSCC is not liable for any costs of preparation or presentation of Applications, including for postage or delivery.
- Any delays in applicants receiving notifications from the WSCC resulting from the applicant's chosen method of communication will not be the WSCC's responsibility. It is the applicant's responsibility to consider such delays.
- Applicants may withdraw their application at any time and should do so if they do not intend to follow through with the initiative if approved for funding.
- All questions or inquiries concerning this application should be directed to the Program Administrator by phone or email no later than two business days prior to the Application Submission Deadline. Verbal responses to any inquiry cannot be relied upon and are not binding on either party.
- By signing the application form, the applicant authorizes the WSCC to disclose any information received in the application within the WSCC or to outside entities for the following purposes: to reach a decision on the application, to administer and monitor the implementation of the initiative, or to evaluate the results of the initiative after completion.
- In the event of an access to information request regarding the present funding application or any relevant information about the organization in the WSCC's possession, the information provided to the WSCC will be entirely disclosed, with the exception of personal information, which will be treated in accordance with the *Access to Information and Protection of Privacy Act*.
- The application must be signed and dated, whether submitted electronically or as a hard copy.
  - A funding request of \$5,000-\$50,000 must be signed by the applicant.
  - A funding request of \$50,001- \$250,000 must be signed by the applicant and the Chief Executive Officer (or equivalent).

## F – Declarations

1. I declare that all information provided in this application is true, complete, and accurate to the best of my knowledge.
2. I confirm that I have the authority to submit this application on behalf of the organization.
3. I authorize the WSCC to verify any information provided in this application and to disclose information as necessary for verification.
4. I confirm that I have read and agree to the Terms and Conditions, listed in Section E.
5. I understand that it is my responsibility to confirm which documents and information are necessary for my application and to ensure that all information necessary to process my application is provided.
6. I understand that submitting this application does not guarantee funding, and that any funding provided will be subject to specific terms and conditions pursuant to an agreement with the WSCC.
7. I acknowledge and agree that, if this application is approved, the name of the recipient, amount of funding, and purpose may be made public.
8. I understand that, if approved for funding, I will be required to provide proof of insurance as described in the Contribution Agreement before funds will be disbursed.
9. I consent to the collection, use, and disclosure of personal information as described in the OHS Funding Program Information Guide.
10. I understand that a credit check may be required for applicants that are in the first year of operations and/or that do not have historical audited financial statements. Credit checks will not be conducted without the consent of applicants, however, failure to consent to a credit check request may prevent the processing of applications.
11. I confirm that I have disclosed any actual or perceived conflict of interest in relation to this application.
12. I confirm that I have disclosed all other sources of funding we are receiving for this initiative.
13. I declare that I have read and understand the OHS Funding Program Information Guide.

## G – Signatures

\_\_\_\_\_  
**Applicant's Name**

X \_\_\_\_\_

**Signature of Applicant** (required)

Date 

MM	DD	YYYY

\_\_\_\_\_  
**Name of Chief Executive Officer or Equivalent**

X \_\_\_\_\_

**Signature of Chief Executive Officer or equivalent** (for funding request of \$50,001- \$250,000)

Date 

MM	DD	YYYY

The WSCC may use this information for the administration of legislation under our authority, including the *Workers' Compensation Acts*, the *Safety Acts*, and/or the *Mine Health and Safety Acts*, and their associated *Regulations*, and to contact you in relation to the requirements under the relevant legislation. It is your responsibility when providing an email address to ensure reasonable safeguards are in place to protect the confidentiality and security of your personal information within your email account.

**Yellowknife:** Box 8888 • Yellowknife, NT X1A 2R3 • Telephone: 867-920-3888 • Toll Free: 1-800-661-0792 • Fax: 867-873-4596  
Toll Free Fax: 1-866-277-3677 • Email: [Funding@wscc.nt.ca](mailto:Funding@wscc.nt.ca)

or

**Iqaluit:** 2A-630 Queen Elizabeth Way, Iqaluit, NU X0A 3H0 • Telephone: 867-979-8500 • Toll Free: 1-877-404-4407 • Fax: 867-979-8501  
Toll Free Fax: 1-866-979-8501 • Email: [Funding@wscc.nu.ca](mailto:Funding@wscc.nu.ca)

**[wscc.nt.ca](http://wscc.nt.ca) • [wscc.nu.ca](http://wscc.nu.ca)**