

Protected A when completed

**FOR OFFICE USE ONLY**

**Special Measures for Journalism**

**Canada Periodical Fund**

**IMPORTANT**

**Application Form**

* Read the Application Guidelines – Special Measures for Journalism before completing this form.
* Please fill out this form electronically. Do not print this document and send a scanned or printed version.
* For assistance, please call toll free 1-866-811-0055, or email PCH.fondsdesperiodiquescanada-canadaperiodicalfund.PCH@canada.ca.
* Only completed applications sent with all requested supporting documents will be considered.
* Send your completed application documents by email to: PCH.fondsdesperiodiquescanada-canadaperiodicalfund.PCH@canada.ca
* Please note that unless otherwise indicated, all fields in the application form are required.

|  |
| --- |
| **1. Audits** |
| Canadian Heritage conducts audits on a sample of successful applications each year; the Department will assume the audit cost. In such cases, recipients must make available any records, documents, or other information that may be required to perform the audit. Recipients must retain for at least five years supporting documents related to the information provided in all application forms.**A recipient found to have submitted false or unsupported information may be required to repay the full amount of the financial support received, and may be declared ineligible from the Canada Periodical Fund for the next two fiscal years or more**. |
| **2. Privacy Notice** |
| The personal information you provide on this form will be used to administer your organization's funding application. The information is collected under the authority of the *Department of Canadian Heritage Act*. The personal information will be retained for seven years. Under the *Privacy Act* you have the right of access to, and correction of, your personal information. To exercise either of these rights, contact Canadian Heritage’s ATIP Coordinator by email at pch.aiprp-atip.pch@canada.ca. If you are not satisfied with Canadian Heritage’s response to your privacy concern, you may wish to contact the Office of the Privacy Commissioner of Canada by telephone at 1-800-282-1376. |
| **3. Eligibility of the Publication** |
| By answering the questions below, you attest that your publication meets the following eligibility criteria, as outlined in the Application Guidelines – Special Measures for Journalism.**Note**: *Canadian editorial content* refers to editorial content (text and images) created or translated by a Canadian citizen or a permanent resident of Canada. Translated editorial content by a citizen or a permanent resident of Canada will be considered Canadian content if it is translated into one of the two official languages and if the translation does not modify the nature of the editorial content. Ethnocultural periodicals must contain an average of at least 50% Canadian editorial content. |
| Is the publisher receiving funds from the Aid to Publishers component of the Canada Periodical Fund? |  Yes | No |
| Is the publisher receiving emergency COVID-19 funds from the Canada Council for the Arts? |  Yes | No |
| Is the publisher receiving funding from other COVID-19 programs to cover the same costs? (e.g., Canada Emergency Response Benefit, Canada Emergency Wage Subsidy, Canada Emergency Business Account and Canada Emergency Commercial Rent Assistance for small businesses). |  Yes | No |
| Is the business owned and operated by Canadians, and does it have its principal place of business in Canada? |  Yes | No |
| Is the publication edited, designed, assembled and published in Canada and has it completed at least one uninterrupted 12-month publishing cycle before the time of application? |  Yes | No |

|  |  |  |
| --- | --- | --- |
| Will the periodical continue to be published until at least March 31, 2021? |  Yes | No |
| Does the publication consist of an average of at least 80% original Canadian editorial content? |  Yes | No |
| Does the publication contain an average of no more than 70% advertising in all issues? |  Yes | No |
| **Print magazines and non-daily newspapers** |
| Is your periodical printed and appear in consecutively numbered or dated issues published under a common title, at a frequency of between two and 56 issues per year, including special issues? |  Yes | No |
| Does your periodical have a verifiable method of circulation (e.g. circulation audits, printing invoices, etc.)? |  Yes | No |
| **Digital magazines and non-daily newspapers** |
| Does your publication maintain a regular publishing schedule in which the majority of editorial content changes at least twice during a 12 month period? |  Yes | No |
| Does your publication contain over 50% original editorial content, not syndicated or reproduced from another website, publication, or from previous issue of the same publication, and articles date-stamped with identified authors? |  Yes | No |
| Does your publication maintain an editorial function where the editor is named, and present written editorialcontent from more than one person? |  Yes | No |
| Does your publication generate revenues (e.g. subscription revenues, advertising sales, etc.)? |  Yes | No |
| Does your publication present a clearly displayed masthead or contact page that includes, at minimum, thenames of the publisher and editor in addition to the postal address for the publication? |  Yes | No |
| **4. Organization Profile** |
| **Note**: For more information on how to register for a business number, please visit the **Canada Revenue Agency website**. |
| Organization Name (Legal Name if incorporated) |
| Operating Name (Legal Entity only) |
| **Organization Address**Street Address Line 1 |
| Street Address Line 2 |
| City/Town/Community | Province/Territory | Postal Code |
| Phone Number | Extension (if applicable) | Organization Email Address |
| Organization Website | In which official language do you wish to communicate? English  French |
| Business number (BN) (Canada Revenue Agency nine-digit number that gives businesses its own unique identifier) (if applicable) |
| Is your organization owned or controlled by a larger organization? If yes, please name: |



|  |
| --- |
| **5. Contact information of the Authorized Official** |
| The authorized official contact is the owner, publisher, or any other designated signing officer. If this application form and any resulting financial agreement are attested to by a representative other than the person named below, permission of signing authority must be provided (see Section 11 – Supporting Documentation). |
| Given name | Family name |
| Title/Position |
| **Mailing address** (if different than above**)** Street Address Line 1 |
| Street Address Line 2 |
| City/Town/Community | Province/Territory | Postal Code |
| Phone Number | Extension (if applicable) | E-mail |
| **6. Contact for Official Correspondence** |
| Given name | Family name |
| Title/Position |
| **Mailing address** (if different than above**)** Street Address Line 1 |
| Street Address Line 2 |
| City/Town/Community | Province/Territory | Postal Code |
| Phone Number | Extension (if applicable) | E-mail |
| **7. Periodical General Information** |
| Periodical Title |
| Periodical Identification (print and/or digital) Magazine  Community Newspaper (non-daily) | Periodical Website Address (if applicable) |
| Periodical Type Consumer – general interest  Consumer – special interest  Trade Farm Religious Scholarly Arts & Literary | Periodical Special Categories (if applicable) IndigenousEthnoculturalLGBTQ2+Official language minority |

|  |
| --- |
| **8. Financial Year Information of Publishing Firm** |
| Please enter the publishing firm’s most recent financial year |
| From (YYYY-MM-DD) | To (YYYY-MM-DD) |
| **Revenues** |
| Sales of periodicals |  |
| Sales of other goods and services |  |
| Grants, subsidies, donations and fundraising |  |
| Royalties, rights, licensing and franchise fees |  |
| Other revenues |  |
| **Total** (automatically calculated) |  |
| **Expenses** |
| Salaries and wages |  |
| Subcontract expenses |  |
| Cost of goods sold |  |
| Advertising, marketing and promotion |  |
| Delivery, warehousing, postage and courier |  |
| Other expenses |  |
| **Total** (automatically calculated) |  |
| **9. Canadian Editorial Content Expenses** |
| lndicate salary expenses incurred to create Canadian original editorial content in this periodical as well as associated digital content, if applicable. Canadian original editorial content consists of text, images, photographs, graphics, illustrations and video content. Please exclude all non-salary expenses and salary expenses incurred for non-editorial activities (e.g. producing advertising or sponsored content; performing management, administrative, accounting; etc.).**Note**: expenses must be directly attributable to editorial content created by Canadian citizens or permanent residents of Canada or a participant to a federal or provincial program that provides work experiences/internships to individuals.**Please report on the financial year entered in Section 8 of this application form for the questions below. For a definition of in-kind expenses, please refer to the Application Guidelines – Special Measures for Journalism**. |
| **Expenses** | **Salaries for Employees (full- or part-time)**(if applicable) | **Salaries for Outsourced Content Contractors or Interns**(if applicable) |
| Editor(s) |  |  |
| Writer(s) |  |  |
| Translator(s) |  |  |
| Proofreader(s) |  |  |
| Photographer(s) |  |  |
| Designer(s) |  |  |
| Illustrator(s) |  |  |
| Videographer(s) |  |  |
| Journalist(s) |  |  |
| **Total** (automatically calculated) |  |  |

|  |
| --- |
| **10. Direct Deposit Enrollment Request** |
| If your application is approved, **you must be enrolled in Direct Deposit to receive payment**. Direct Deposit is a Government of Canada initiative. The federal government is phasing out cheques in favour of direct deposit for all government payments. For further information on direct deposit, please consult the following website:<http://www.tpsgc-pwgsc.gc.ca/recgen/txt/depot-deposit-eng.html> |
| Have you submitted a Direct Deposit Enrollment Request to Canadian Heritage in the past two years? |  Yes  No |
| If yes, has your banking information changed since your last Direct Deposit enrolment request? |  Yes  No |
| **11. Supporting documents** |
| Please include copies of the following document with the completed application formProof of legal status (e.g. articles of Incorporation) |
| Proof of signing authority |
| Permission to submit on behalf of the Authorized Representative (if applicable) |
| Blank cheque (voided) OR Direct Deposit Enrollment Request duly completed, unless an account already exists with the Department of Canadian Heritage for which no changes are required. |
| **12. Declaration and Attestation** |
| **Declaration**:As the person that has the legal authority to bind and apply on behalf of the organization, I declare that:* The information in the application is true, accurate and complete;
* I have all the necessary authorities to undertake the proposed project, or will obtain these authorities prior to the approval of funding;
* I and any person lobbying on my behalf to obtain funding are in compliance with the *Lobbying Act* and that no actual or potential, direct or indirect, contingency fee arrangement exists;
* No public servant or holder of public office, past or present, will derive a direct benefit from the approved funding in breach of the *Values and Ethics Code for the Public Service* or the *Conflict of Interest Act*;
* Our organization has been negatively impacted by COVID-19, which has resulted in financial hardship to our organization and its operations, and therefore, our organization is in need of government funding;
* I will act in compliance with applicable statutes, regulations, orders, standards and guidelines governing the program from which funding is being sought; and
* I commit to taking measures to create a workplace free from harassment, abuse and discrimination.

I acknowledge that the submission of this Application does not constitute a commitment on the part of the Minister to award funding.I acknowledge that making a false declaration is a criminal offense.I authorize the Minster to disclose any information submitted in this Application within the Government of Canada or to outside entities, subject to applicable restrictions associated with privacy, confidentiality and security for the following purposes:* To reach a decision on the application;
* To support transparency, accountability and citizen engagement; and
* To respond to requests made under the *Access to Information Act* and the *Privacy Act.*

I authorize the Canada Revenue Agency or other government departments, if requested by Canadian Heritage, to disclose to Canadian Heritage, taxpayer or other information regarding whether or not funding under other fiscal measures was received to address COVID-19. |

|  |
| --- |
| **Attestation**:If funds are approved, as the person that has the legal authority to bind and apply on behalf of the organization, I agree that:* This **Application**, the **Funding Approval Letter**, and any additional conditions agreed upon in a separate agreement, will constitute the entire agreement between myself (the **Applicant**) and the **Minister of Canadian Heritage**, effective as of the date of the **Funding Approval Letter**;
* The funding provided is to help ensure a continuity of operations, enabling the organization to continue contributing to the sector in the future;
* The funds are not to be used to cover expenditures already funded under any other government COVID-19 emergency measures, including but not limited to the Canada Emergency Response Benefit, the Canada Emergency Wage Subsidy, the Canada Emergency Business Account, and the Canada Emergency Commercial Rent Assistance for small businesses;
* Emergency support funding received from more than one Canadian Heritage funding program may not be used to cover the same costs;
* This Agreement does not create a partnership, agency or joint venture and I shall not represent myself as an agent, partner or employee of the Department in carrying it out; and
* Funding received may be audited by the Department to ensure funding conditions have been respected; and
* I will share results, if requested.

**In addition, I shall**:* Use the funds only for the purposes specified in the Agreement;
* Declare all funding received from other government emergency measures to address COVID-19, upon request;
* Indemnify the Minister from any claim or cause of action arising from injury, damage, or death sustained in carrying out this Agreement; and
* Publicly acknowledge the funding.

**I accept** |
| **Authorized Official** |
| Name | Title | Date (YYYY-MM-DD) |