

## FOR OFFICE USE ONLY

Protected B when completed

## Management Capacity

APPLICANT:

The organization's capacity to implement the event will be evaluated by the reasonableness of the proposed budget, and the appropriateness of the resources allocated to your project.

- a) How was your community (beyond your own organization) involved in the development of this project (consultations, town halls, focus groups, etc.)? Provide any examples or results that support your answer.
- b) Describe how your organization has the appropriate expertise, financial resources and human resources to undertake the proposed activities. Be sure to mention the expertise and previous experience of the members and any other resources available to the organization.
- c) Describe the timeline of your project from the planning stages to completion and indicate any work already accomplished.

Part E – Confirmation of Support from Municipal Government or Equivalent Authority

Name of the event:	
Funding by the Program is conditional ugovernment or equivalent authority (ref	pon confirmation of cash and/or in-kind support from the applicant's municipal erred to below as - "the municipality").
authority must provide written confirma management, or libraries, if directly und	cil, local tribal council, other local Indigenous government, or equivalent authority, that attornity of support. Public organizations such as police, public transportation, waste er the municipal authority, can also provide municipal support. Financial support from its is considered a donation from an individual and cannot constitute municipal support.
letter that includes the cash and/or in-ki	constitutes proof of support from the municipality. Support may also be confirmed in a nd value of the municipal contribution for the event or activity. Should the municipality timmediately notify the Department of Canadian Heritage.
	pleted and signed by an authorized representative of your municipality or resentatives are employees of the municipal administration or equivalent authority thority.
CASH This amount <u>must</u> appear in the bu	udget.
IN-KIND (Monetary value)	The in-kind support for this event will be as described in the following table. (Use additional pages if necessary) Please itemize contributions of in-kind goods and services.
Total:	



Telephone number (required):

Name of authorized representative (required): Authorized representatives are employees of the municipal administration or

equivalent authority or any elected official with signing authority.

Title and municipality (required):