

English

This document is a **reference copy only** of the Canada LIFTs Catalyst Fund registration form. It is provided to help organizations review the questions and prepare their responses in advance.

Please note that **submissions cannot be made using this document.**

The only way to submit a registration is by completing the online survey at the following link:

<https://www.surveymonkey.com/r/WB9Z833>

Français

Ce document est **une copie de référence uniquement** du formulaire d'inscription au Fonds Catalyseur de LIFT du Canada. Il est fourni afin d'aider les organisations à consulter les questions et à préparer leurs réponses à l'avance.

Veuillez noter que **les inscriptions ne peuvent pas être soumises à l'aide de ce document.**

La seule façon de soumettre une inscription est de remplir le sondage en ligne au lien suivant :

<https://www.surveymonkey.com/r/WB9Z833>

LIFT Catalyst Registration / Inscription au Catalyseur LIFT

1. **Which language would you like to complete the registration in? / Dans quelle langue souhaitez-vous remplir l'inscription ?**

- English
- Français

2. **Is your organization Indigenous-led?**

(The answer to this question does not affect eligibility; additional accommodations may be available for Indigenous-led organizations.)

- Yes

- No
- Unsure

3. Is your organization a registered Canadian nonprofit or charity?

- Yes
- No
- Unsure

4. Has your organization been incorporated in Canada for at least three (3) years?

- Yes
- No
- Unsure

5. Does your organization meet the LIFT definition of a Small or Medium-Sized Organization (SMO)?

(Annual revenue of \$10M or less AND less than \$2M/year spent outside Canada on international development or humanitarian work.)

- Yes
- No
- Unsure

6. Name

- Legal name of organization
- Operating or public name (if different)

7. Province or territory where the organization is registered

- Alberta
- British Columbia
- Manitoba
- New Brunswick
- Newfoundland and Labrador
- Northwest Territories

- Nova Scotia
- Nunavut
- Ontario
- Prince Edward Island
- Quebec
- Saskatchewan
- Yukon

8. Website *(If none, you may provide a social media page or leave blank)*

- Text entry

9. Contact Name

- First name
- Middle name
- Last name
- Title
- Suffix

10. Email Address *(must be checked regularly)*

- Email address

11. Phone Number

- Text entry

12. Organization Address

- Street address
- City
- Province/Territory
- Postal code
- Country

13. Organization Type

- Registered charity
- Nonprofit organization
- Other (specify)

14. Year of Incorporation

- Text / numeric entry

15. Number of Full-Time Staff

- Numeric entry

16. Number of Part-Time Staff

- Numeric entry

17. Number of Volunteers

- Numeric entry

18. Annual Organizational Budget

- Less than \$100,000
- \$100,000 – \$500,000
- \$500,001 – \$1,000,000
- \$1,000,001 – \$5,000,000
- \$5,000,001 – \$10,000,000

19. Annual Budget for International Development or Humanitarian Work

- Less than \$100,000
- \$100,000 – \$500,000
- \$500,001 – \$1,000,000
- \$1,000,001 – \$2,000,000

20. Primary Sector(s) of Work

(Select all that apply)

- Education
- Health

- Gender equality
- Climate/environment
- Economic development
- Human rights/governance
- Food security/agriculture
- Other (specify)

21. Countries or Regions Where Your Organization Works

- Text entry

22. Brief Description of Your Organization

- Long text entry

23. Brief Description of the Proposed Project or Initiative

- Long text entry

24. What issue or challenge is your project addressing?

- Long text entry

25. Who are the intended beneficiaries or participants of the project?

- Long text entry

26. What outcomes do you hope to achieve through this project?

- Long text entry

27. What activities are planned to achieve these outcomes?

- Long text entry

28. What stage of development is the project currently in?

- Idea / concept stage
- Early development
- Pilot stage
- Scaling / expansion

29. What experience does your organization have working on this issue or in this region?

- Long text entry

30. Does your organization currently have a local partner?

- Yes
- No

31. Name of Local Partner Organization

- Text entry

32. Country Where the Partner Is Based

- Text entry

33. Description of the Partnership

- Long text entry

34. Is this partnership confirmed?

- Yes
- No
- In discussion

35. How long has your organization worked with this partner?

- Less than 1 year
- 1–3 years
- 3–5 years
- More than 5 years

36. What role will the partner play in the project?

- Long text entry

37. What role will your organization play in the project?

- Long text entry

38. How will the project ensure local leadership or community involvement?

- Long text entry

39. Estimated Total Project Budget

- Numeric / currency entry

40. Amount of Funding Requested from LIFT

- Numeric / currency entry

41. Other Sources of Funding (if any)

- Long text entry

42. How did you hear about the LIFT Program?

- Email
- Website
- Social media
- Partner organization
- Event or webinar
- Other (specify)

43. Would you like to receive updates about future LIFT opportunities?

- Yes
- No

44. Additional Comments or Information

- Long text entry

45. Consent and Confirmation of Information Provided

- I confirm the information provided is accurate and complete.