



Common Form



COMMON APPROACH
TO IMPACT MEASUREMENT

Welcome to the Common Form!

Below you will find the questions/fields of the Common Form in one simple document.

An interactive/fillable version of the Form is also available at: forms.office.com/CommonForm.

There you will find questions to fill in and prompts to upload documents that describe the organization and/or project for which one will be applying for funding. Except for organizational updates and changes, users will only have to complete this Form once and export its contents to each of their funders for all applications for funding.

Basic Information

Business/Charity Number

Organization Name

Street Address (including City,
Province /Territory, Postal Code)

Contact Person: Name

Web address

Contact Phone

Contact Email

Mission and Vision

Legal Form

- Business
- Not-for-Profit
- Cooperative
- Subsidiary of a Business/Nonprofit/Cooperative
- Partnership
- Sole Proprietorship

Audited Financial Statements?

Yes No

Financial Information

For those **with** Audited Financial Statements:

Year 1

[upload]

Year 2

[upload]

Year 3

[upload]

For those **without** Audited Financial Statements:

Current Assets

Total Assets

Total Liabilities

Total Revenues

Total Expenses

Total Amount of Funds
Requested (CAD)

Funds intended for:

Organization Project



Organization/Project Profile

For those seeking **organizational/core** funding

| | |
|----------------------------------|--|
| Theory of Change/Impact Model | [upload] |
| Business Plan | [upload] |
| Executive & Board Bios | [upload] |
| Imagine Canada Standards Program | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress |
| B-Corp Assessment | Score & link to profile |
| Charity Data Profile | Link to profile |
| Populations Served | <p>Please describe in your own words, then select from the options below:</p> <ul style="list-style-type: none"><input type="checkbox"/> Official Language Minority Communities<input type="checkbox"/> Living with Mental Illness/Addiction<input type="checkbox"/> Seniors<input type="checkbox"/> LGBTQ2S+<input type="checkbox"/> Racialized (All)<input type="checkbox"/> Rural, Remote or Northern Community<input type="checkbox"/> People with Disabilities<input type="checkbox"/> Indigenous<input type="checkbox"/> Women and Girls<input type="checkbox"/> Children and Youth<input type="checkbox"/> Low Income |

For those seeking **project/program-specific** funding

| | |
|--|--|
| Project Name | |
| Project Objectives | |
| Theory of Change/Impact Model | [upload] |
| Project Description (or Business Plan, Pitch Deck) | [upload] |
| Project Team Bios | [upload] |
| Project Partners | Include links where applicable |
| Project Budget | [upload] |
| Populations Served | <p>Please describe in your own words, then select from the options below:</p> <ul style="list-style-type: none"><input type="checkbox"/> Official Language Minority Communities<input type="checkbox"/> Living with Mental Illness/Addiction<input type="checkbox"/> Seniors<input type="checkbox"/> LGBTQ2S+<input type="checkbox"/> Racialized (All)<input type="checkbox"/> Rural, Remote or Northern Community<input type="checkbox"/> People with Disabilities<input type="checkbox"/> Indigenous<input type="checkbox"/> Women and Girls<input type="checkbox"/> Children and Youth<input type="checkbox"/> Low Income |
| Geographic Regions served | |
| Target Customers/ Clients/Participants | |
| Markets served | |



Optional Supplemental Financial Information

| | | | |
|--------------------|--|----------------------|--|
| Endowment | | Government Grants | |
| Inventory | | Fundraising | |
| Deferred Revenue | | Total Overhead | |
| Investment Revenue | | Depreciation Expense | |
| Sales Revenue | | Investment Expenses | |