

**LOCAL JOURNALISM INITIATIVE**

**PROJECT ID:** (Application ID in agreement)

**EMPLOYER DECLARATION**

News Media Canada requires this document to validate the eligibility of the LJl reporter you have recruited.

This form must be completed and signed for each LJl reporter hired or contracted through the Local Journalism Initiative (LJI) and must be returned to News Media Canada.

EMPLOYER INFORMATION		
1. FULL LEGAL NAME OF PUBLISHING FIRM (AS PER THE LJl FUNDING AGREEMENT)		
2. TITLE OF PUBLICATION (AS PER THE LJl FUNDING AGREEMENT)	3. PROVINCE/TERRITORY	

JOB INFORMATION		
4. FULL NAME OF EMPLOYEE		
5. START DATE (yyyy-mm-dd)	6. END DATE (yyyy-mm-dd)	7. JOB TITLE
8. EMPLOYMENT TYPE <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> CONTRACT <input type="checkbox"/> FREELANCE		9. COMPENSATION \$ _____ PER <input type="checkbox"/> YEAR <input type="checkbox"/> HOUR <input type="checkbox"/> OTHER _____
<b>PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT THE EMPLOYEE FOR STATISTICAL PURPOSES:</b>		
10. SPECIAL CATEGORIES (check all that apply) <input type="checkbox"/> INDIGENOUS GROUP <input type="checkbox"/> VISIBLE MINORITY <input type="checkbox"/> PERSON WITH DISABILITY <input type="checkbox"/> RECENT IMMIGRANT <sup>1</sup>	11. LANGUAGES SPOKEN <input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH <input type="checkbox"/> INDIGENOUS	12. GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER <input type="checkbox"/> DECLINE TO ANSWER
13. RESIDENCY STATUS <input type="checkbox"/> CANADIAN CITIZEN <input type="checkbox"/> PERMANENT RESIDENT <input type="checkbox"/> PERSON IDENTIFIED AS A REFUGEE UNDER THE IMMIGRATION AND REFUGEE PROTECTION ACT		

<sup>1</sup>Recent immigrant: is a person who has moved from their country of origin (their homeland) to another country to become a citizen of that country and has been in that country for less than 5 years.

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**EMPLOYER DECLARATION, CONTINUED**

I hereby declare that the employer has hired or contracted an LJI reporter that meets all eligibility criteria.

I hereby declare that no preference was given to the selection of an employee who is a member of the immediate family of the funding recipient, officer, or director of the employer.

(Employer means the individual or organization receiving funding from the Department of Canadian Heritage (DCH) through News Media Canada (NMC) to employ or engage the person described as “employee”. The immediate family means father, mother, step-father, step-mother, foster parent, brother, sister, spouse or common-law partner, child (including child of common-law partner), step-child, ward, father-in-law, mother-in-law, or any relative permanently residing with the recipient, an officer, or director of the employer.)

I hereby declare that I have verified that the employee is legally entitled to work in Canada in accordance with relevant provincial or territorial legislation and regulations and meets the eligibility criteria.

I hereby declare that the LJI position is incremental to the employer’s current employee count and any vacant position as a result of a promotion or reassignment of an existing employee to the LJI position has been filled and that the LJI position and the content produced would not have been created but for the LJI.

I hereby declare that I have in effect a Human Resources and Employment Policy ensuring that measures are in place to create a workplace that is free from harassment, abuse and discrimination. I have ensured that the employee has been given a copy of the policy. As a recipient of LJI funds from DCH through NMC, I agree to take responsibility in maintaining a safe work environment for employees.

**I certify that all information submitted in this declaration is true and correct. I further understand that any false statements may result in revocation of the LJI Funding Agreement and return of funds received. I certify that I am authorized to sign on behalf of the employer.**

NAME AND TITLE (PRINT) (required)

EMAIL ADDRESS (required)

TELEPHONE NUMBER (required)

SIGNATURE (required)

DATE (yyyy-mm-dd) (required)

**Send your signed and completed declaration form to:**

News Media Canada – Local Journalism Initiative Program  
[lji@newsmediacanada.ca](mailto:lji@newsmediacanada.ca)