

**Project Application Form
(Required for All Applications)**

Name of Organization:		
Address:		
City:	Province:	Postal Code:
Contact Person:	Position:	
Telephone:	Fax:	
E-mail:	Website (if applicable):	
Mandate of Organization (1-2 sentences – supplementary information may be attached):		
Organization Type: <input type="checkbox"/> Not-for-profit Date of incorporation: _____ <input type="checkbox"/> Registered Charity Registered Charity Number: _____		
<input type="checkbox"/> Other -please describe: _____		
Title of Project:		
Start Date:	End Date:	
Request Amount:	\$	
Total Budget for Project (excluding in-kind):	\$	
Estimate Value of In-Kind (if applicable):	\$	
Total Project Value (cash and in-kind):	\$	
Please describe your proposed activities succinctly (2 sentences or less):		
Please indicate which of project area you are applying under (check all that apply):		
<input type="checkbox"/> Adult Learners	<input type="checkbox"/> Youth	<input type="checkbox"/> Communities
Signature:	Title:	
Name:	Date:	