**Grant Application Form: Supporting LGBTQ2+ Communities in Atlantic Canada**

Application Deadline January 15th. (Please add space to sections as required.)

ORGANIZATION IDENTIFICATION

1. Legal Name \*
2. Operating (Common) Name (if different from legal name \*)
3. Organization Type \* (eg Not for Profit Organisation, Registered Charity, Student Group, Unregistered Community Group, etc)
4. Registration Number and Charitable Number\* (If applicable):
5. Year Established:
6. Primary contact person: Name:

Position title:

1. Organization Address \*
2. City or Town: Province: Postal Code:
3. Telephone Number \* : E-mail Address \* :
4. Organization's Mandate \* :
5. How many employees does your organization currently have?
6. Please describe how your organization has the experience and expertise to carry out the proposed project activities. If applicable, please include examples of similar projects completed in the past.
7. Do you plan to partner with other organisations on this project, if yes, please provide details

PART 2 - PROJECT

1. Project Title \*
2. Planned Project Start Date (yyyy-mm-dd) \* :
3. Planned Project End Date (yyyy-mm-dd) \* :
4. Project Description.
5. Project Objectives (must be clearly linked to the objectives of the program outlined in the call for proposals). \*
6. Project Activities (must be broken down into clear steps). \*
7. Expected Results of the Project (Must be clearly linked to the project objectives and be specific, concrete and measurable. Please explain how these are linked to the outputs / outcomes outlined in the call for proposals). \*
8. Does this proposed project fit with your organization's other activities? \* Yes / No If ‘Yes’, please describe how:

Budget:

**Complete the following budget form**

|  |
| --- |
| Use the following format to identify the budget requirements of your project. This is intended as a guide; therefore, add and/or delete categories and line items as required. Provide as much detail as possible.  |
| **Budget Items** | **Amount** |
| **Staff Costs** | Subtotal: |
|  |
| **Operating Costs** | Subtotal: |
|  |
| **Travel Costs (*if applicable*)** | Subtotal: |
|  |
| **Advertising / Promotion / Printing** | Subtotal: |
|  |
| **Project Specific Costs** | Subtotal: |
|  |
| **Other Related Costs** | Subtotal: |
|  |
| **Total Project Expenses** |  |
| **Revenue** *(from sources other than this grant*) |  |
| **In-Kind** (*from applicant and/or partners*) |  |
| **Total funds requested from Supporting LGBTQ2+ Communities Grant** |  |

**Please sign and date the following statement and submit by end of day January 15th, 2018 via email to: lgbtq2support@youthproject.ns.ca**

**Declaration of Understanding**

In submitting this proposal, I **Enter Name Here**, on behalf of **Enter Organization Here**, understand that should our grant application be successful, the grant funds received may only be used for the project outlined and approved in the proposal. We understand that we are required to submit a project report to the Youth Project for Collating into the final Atlantic Canada Report. We understand that this project can be audited at any time. I am authorized to sign on behalf of the organization.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Name:**  |

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| --- |
|  **Applicant’s Title:**  |

|  |
| --- |
| **Organization Name:**  |

|  |
| --- |
| **Date:**  |