

Government of Gouvernement des Northwest Territories Territoires du Nord-Ouest

Youth Contribution Application

Organization Name:		
Project Title:		
Contact Name:		
Signing Authority and Tite:		
Mailing Address:		
Telephone: Fax:		Email:
Who will coordinate your project?		
How much funding do you need to run your project?	How the	v much are you requesting from Youth Contribution Fund?*
\$		
	Please	e refer to Attachment A for funding parameters
Is this a new project (check one):	Yes	Νο
Did you apply for funding last year?	Yes	No
Description of Project/Program:		
Project/Program Goal:		
When will your project /program star	t	and end ?



How many youth will take part in your project/program activities?			
Is this project/program collaborative with other organizations?	Yes	No	
If yes, please list groups/organizations involved			

BUDGET

Projects that are hosted in the NWT may claim up to 75% of relevant expenses *Projects/Programs that are held outside of the NWT may claim up to 50% of relevant expenses

Revenue Source	Contribution Amount	In-Kind
Youth Contribution Program		
	Total Revenue	\$

Please list other sources of funding for this project/program, as well as the contribution amount. Sources include fundraising, other organizations, donations and in-kind donations.

Expense Items	Cost
Materials and Supplies	
Programming and Coordination Costs	
Travel	
Other (please list)	
Total Expens	es \$

SIGNATURES

Signature	Date
Print Name	Title