



Office Use Only Date Received Reviewed
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**Settlement & Integration Small Grants Program
Office of Immigration & Multiculturalism**

Name of Applicant/Organization:	Application Date:			
	Start Date: End Date:			
Mailing Address:	Contact Person: Title: Phone Number: Fax Number:			
Email:	Website:			
Location of Activity (community or town):	Type of Organization:			
Please provide a brief history, mandate and governance structure of your organization: (Use additional pages if necessary)				
Please provide a description of your project: (Use additional pages if necessary)				
Please provide a detailed project budget, attached on page _____.				
Total Project Costs: \$ _____	Financing Requested: (Maximum \$2500) \$ _____			
<p>Have you applied for, or do you anticipate, other government financial assistance for this project? If yes, please provide details, including current status of assistance:</p> <table border="0"> <tr> <td><u>Department / Agency</u></td> <td><u>Amount Requested</u></td> <td><u>Pending/Confirmed</u></td> </tr> </table>		<u>Department / Agency</u>	<u>Amount Requested</u>	<u>Pending/Confirmed</u>
<u>Department / Agency</u>	<u>Amount Requested</u>	<u>Pending/Confirmed</u>		
_____	_____			
Name of Authorized Official (Please print)	Signature of Authorized Official			
_____	Incorporation Number : _____			
Date	Date of Incorporation: _____			