



Office Use Only Date Received Reviewed
--

**Multiculturalism Activities Grant 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 _____. Completed Vendor Form Attached <input type="checkbox"/> .							
Total Project Costs: \$ _____	Financing Requested: (Maximum \$500) \$ _____						
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: <table border="0"> <tr> <td><u>Department / Agency</u></td> <td><u>Amount Requested</u></td> <td><u>Pending/Confirmed</u></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</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	_____ Witness					
_____ Date	Incorporation Number : _____						
	Date of Incorporation: _____						

Inquiries and application submissions should be forwarded to your respective regions.

Western – PerryBingle@gov.nl.ca	Labrador – EricaStockley@gov.nl.ca
Central – JamieValvasori@gov.nl.ca	Eastern/Avalon – SheldonONeill@gov.nl.ca

