



Office Use Only Date Received Reviewed
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**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 event including but not limited to: goals and expected attendees: (Use additional pages if necessary)								
Please provide a detailed project budget, attached on page _____. Completed Vendor Form Attached <input type="checkbox"/> .								
Total Event 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> </table>			<u>Department / Agency</u>	<u>Amount Requested</u>	<u>Pending/Confirmed</u>			
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<table border="0"> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Name of Authorized Official (Please print)</td> <td>Signature of Authorized Official</td> <td>Date</td> </tr> </table>			_____	_____	_____	Name of Authorized Official (Please print)	Signature of Authorized Official	Date
_____	_____	_____						
Name of Authorized Official (Please print)	Signature of Authorized Official	Date						
Incorporation Number : _____		Date of Incorporation: _____						

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

Western – TanyaHawco@gov.nl.ca

Labrador – EricaStockley@gov.nl.ca

Central – AnnMariePumphrey@gov.nl.ca

Eastern/Avalon – SheldonONeill@gov.nl.ca