

Multiculturalism Grant Program Application Form

Name of Applicant/Organization:	Title of Project:
	Start Date: End Date:
Mailing Address:	Contact Person: Title: Phone Number: Email:
Please provide a description of your event including (but, not limited to): Goals, Activities, and Anticipated Outcomes: (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: \$_____ (Max.\$1500.00)

Have you applied for, or do you anticipate, other government financial assistance for this project?

Yes No

If yes, please provide details, including current status of assistance.

Department / Agency

Amount Requested

Pending/Confirmed

Name of Authorized Official (Please print)

Signature of Authorized Official

Date: _____

Incorporation Number: _____

Date of Incorporation: _____

Inquiries and application submissions should be forwarded to diversity@gov.nl.ca