

Social Justice Fund



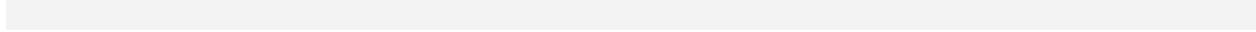
Project Proposal Application Form

Name of Organization	
Address	
Phone/Fax	
Contact Person	
Email	
Contact Person	
Position	
Goal of the Organization	
Status	Non-Profit _____ Charity _____ Other _____
Name of Project	
Amount of Funding Requested One Time	
Amount of Funding Requested Short Term	
Amount of Funding Requested Long Term	# of Years _____ Amount per Year _____

Objectives of the Project	
Activities Planned	
How many people will benefit from the project? Who will be involved?	
Duration of Project & Timeline	
Expected Outcome:	

How will the project's success be measured	
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Attach separate pages if more space is required



ESTIMATED EXPENDITURE

Total cost of the project, including our contribution:

\$_____

How will the funds be spent? (also include contributions in kind)

Budget Categories	Budget item description	SJF Funding	Other funding sources	In Kind contributions
Program costs (transportation, accommodations, etc.)				
Capital equipment				
Administration (eg: volunteer time, printing)				
Labour				
Other (please specify)				
TOTAL				