



For office use only  
Project Code # \_\_\_\_\_

**Department of Post-Secondary Education, Training and Labour**

Multicultural Grants Program  
Application Form

**PART A- Applicant Information**

Name of Organization: \_\_\_\_\_  
Is your organization incorporated?       Yes     No  
Name of contact person: \_\_\_\_\_  
Title/Position: \_\_\_\_\_  
Address: \_\_\_\_\_  
Postal code: \_\_\_\_\_  
Telephone (W) : \_\_\_\_\_ (H) : \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
Name of board chairperson: \_\_\_\_\_  
Website: \_\_\_\_\_

Have you submitted an application to the Department before?    Yes     No  
If Yes, please specify:

**PART B – Partner organization information**

Name of Organization: \_\_\_\_\_  
Is your organization incorporated?       Yes     No  
Name of contact person: \_\_\_\_\_  
Title/Position: \_\_\_\_\_  
Address: \_\_\_\_\_  
Postal code: \_\_\_\_\_  
Telephone (W) : \_\_\_\_\_ (H) : \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
Name of board chairperson: \_\_\_\_\_  
Website: \_\_\_\_\_

*\*If you have more than one partner please include the above information and attach it to the application form.*

**PART C – Project Information**

Title of project: \_\_\_\_\_

Proposed start date: \_\_\_\_\_ Proposed end date: \_\_\_\_\_

Location of project: \_\_\_\_\_

Grant requested: \$ \_\_\_\_\_ (As determined in Part D)

Please include a contact name and phone number for each additional funder if applicable.

\_\_\_\_\_

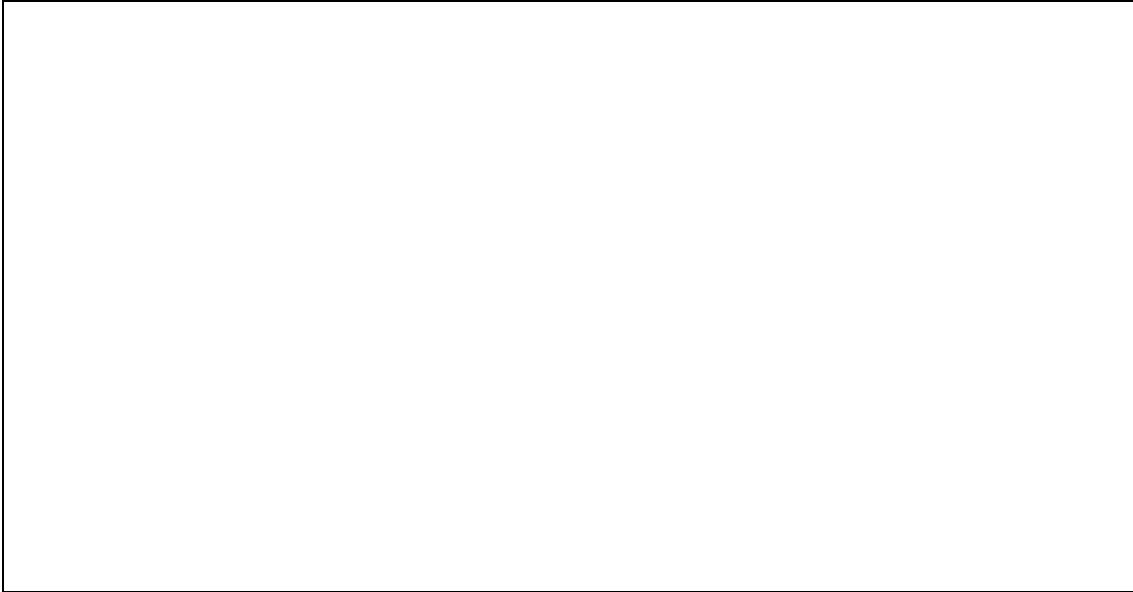
For office use only: Grant amount recommended \$ \_\_\_\_\_

**Note: Please supply the following information in the space provided.**

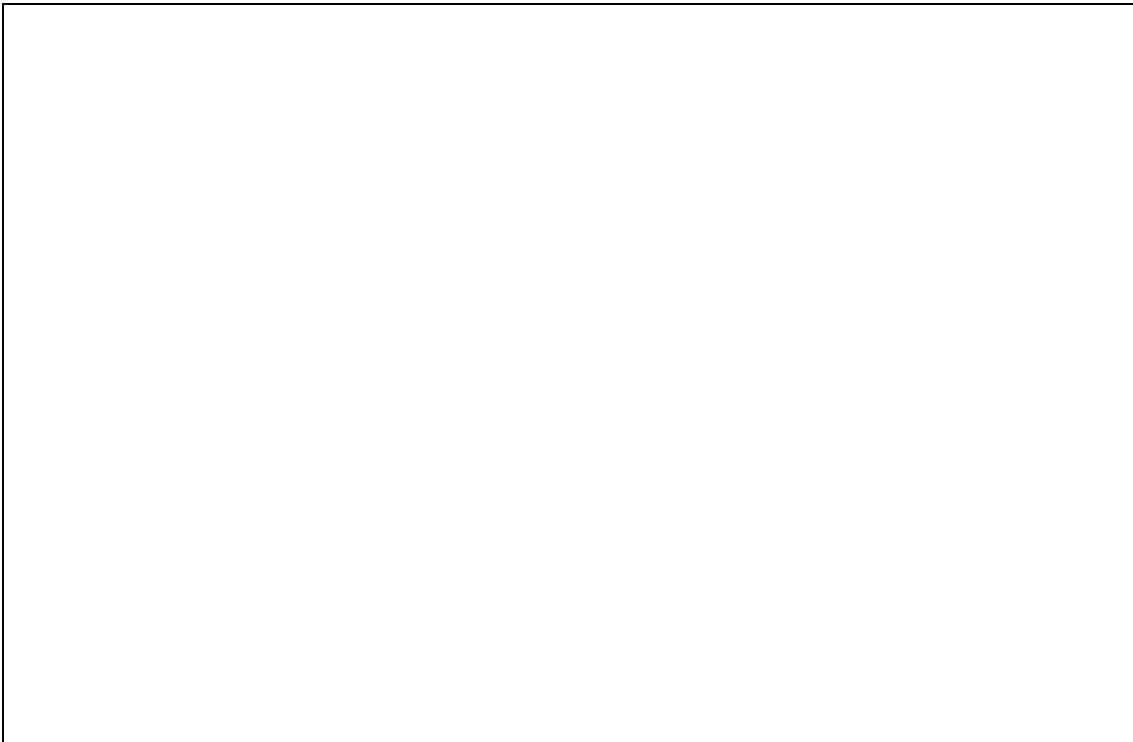
1 – Describe your projects objectives and demonstrate how the project meets the Multicultural Grants program’s objectives. (10 points)

**PART C- Project Information (contd.)**

2- Explain how you will promote your project. (4 points)



3- Description of the targeted participants/audience. (6 points)



**PART C- Project Information (contd.)**

4- Please provide a brief profile of your organization. Include the organization's mandate, objectives, target client group and a description of services offered. Also, attach a list of your current board members. *(If this is the first application submitted under this program, please attach a copy of the constitution or letters of incorporation).* (4 points)

5- Profile and role of partners (if applicable). (4 points)

6- Expected results of the project. (4 points)

**Part D- Balanced provisional Budget of Project.**

<b>Expenditures</b>	<b>\$</b>
Coordination costs	
Office supplies	
Telephone, fax, and other related costs	
Travel	
Equipment	
Rental of office space	
Advertising	
Brochures, posters and program	
Other promotional costs	
Other costs (Please list and explain)	
<b>Total expenditures (Must equal total revenues)</b>	

<b>Revenues</b>	<b>\$</b>
Provincial government (specify)	
Federal government (specify)	
Municipal government	
Other funders (specify)	
Financial contribution of applicant organization	
Partners contribution	
Private sector contribution	
Other revenue (specify)	
In kind donations:	
Rental of premises or venue	
Donation of material	
Volunteer time	
Other (specify)	
<b>Total revenues: (Must be equal to total expenditures)</b>	

## Part E – Declaration

*I hereby agree to provide all requested information as well as any supporting documents needed to evaluate this application. I understand that my application may be disqualified if it is incomplete.*

*I recognize that applications are approved subject to availability of funds and that, beyond the provision of a grant, the Province of New Brunswick has no further commitment to the applicant. The Province will not be held responsible for the completion of an activity.*

*I agree to acknowledge the financial participation of the Province of New Brunswick in all publicity related to the activities of the proposed project.*

*I agree that my project will be completed by March 31<sup>st</sup> of the current fiscal year and that a final report will be submitted to the Department within 60 days of the completion of the project.*

*I certify that I am authorized by the above-named organization to sign official documents and that, to the best of my knowledge, the information provided with this application is accurate and complete.*

Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PLEASE SEND THIS COMPLETED FORM AND OTHER DOCUMENTATION TO:

Department of Post-Secondary Education, Training and Labour  
Beaverbrook Building  
Room: 500 Floor: 5  
P. O. Box 6000  
Fredericton, NB  
E3B 5H1

Tel: 506-453-3981  
Fax: 506-444-6729  
Email: [immigration@gnb.ca](mailto:immigration@gnb.ca)  
Website: [www.gnb.ca/immigration](http://www.gnb.ca/immigration)

### APPLICANT CHECK LIST:

- Completed, signed and dated application.
- Copy of the constitution or letters of incorporation (if applicable).
- List of current board members
- Any other applicable attached documentation.