



COMMUNITY PROJECT FUNDING PROGRAM

APPLICATION FORM

Activity Name																									
Community																									
Organizer(s)	<table border="1"> <tr> <td>Name</td> <td></td> </tr> <tr> <td>Organization</td> <td></td> </tr> <tr> <td>Address</td> <td></td> </tr> <tr> <td>Tel</td> <td></td> </tr> <tr> <td>Fax</td> <td></td> </tr> <tr> <td>Email</td> <td></td> </tr> </table> <table border="1"> <tr> <td>Name</td> <td></td> </tr> <tr> <td>Organization</td> <td></td> </tr> <tr> <td>Address</td> <td></td> </tr> <tr> <td>Tel</td> <td></td> </tr> <tr> <td>Fax</td> <td></td> </tr> <tr> <td>Email</td> <td></td> </tr> </table>	Name		Organization		Address		Tel		Fax		Email		Name		Organization		Address		Tel		Fax		Email	
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Address																									
Tel																									
Fax																									
Email																									
Date or period of the activity																									
Place																									



Partners																																										
Population targeted by the activity	<input type="checkbox"/> Women <input type="checkbox"/> Men <input type="checkbox"/> Adults <input type="checkbox"/> Elders <input type="checkbox"/> Teens <input type="checkbox"/> Children																																									
Description of the project																																										
Budget	<table border="1"> <thead> <tr> <th style="width: 25%;">Expenses</th> <th style="width: 50%;">Description of the expenses</th> <th style="width: 25%;">Amount of the expenses</th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </tbody> </table> <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 25%;">Total budget of the activity</td> <td style="width: 50%;"></td> <td style="width: 25%;"></td> </tr> <tr> <td>Total amount asked to Saturviit</td> <td></td> <td></td> </tr> </table>			Expenses	Description of the expenses	Amount of the expenses																															Total budget of the activity			Total amount asked to Saturviit		
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<p>How the activity will benefit the women?</p>	
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Return your request to executive@saturviit.ca or by mail at:

Saturviit Women's Association of Nunavik
#211 Alakkariallak Business Centre
P.O. Box 402
Inukjuak, Quebec
J0M 1M0

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Fax: (819) 254-0444