

2003/2004 Community Development Fund
Project Application
Confidential

Application Information

Name/Group/Organization: _____

Application Date: _____

Address: _____ Community: _____

Postal Code: _____ Phone: _____

Type: _____ Territorial: _____ Partnership: Yes ___ No ___

Contact Name: _____ Title: _____

Partner's Name: _____

Address: _____ Community: _____

Postal Code: _____ Phone: _____ Fax: _____

Contact Name: _____ Contact Title: _____

Project Description

Project Title:

Project Outline/Discription:

What are the objectives of the program & how will it benefit the community?

What are the anticipated results of the project? Are these identified in the CBP, Assessment and or Training Plan? _____

How will the results be achieved?

What is/are the proposed activity (ies) of the project (s)? (Begin/continue CBP, Assessment. Conduct/deliver workshops, training, skill development)

Type of Activity: _____

Dates: _____

Delivered by: _____

Goal (s) of Activity (ies): _____

Names and position of employees/persons participating/being training:

Name	Position

Contribution Guidelines

How will the activity (ies) build capacity and further community development?

In what other ways will the training/skill development benefit the community?

Financial Information

New Project? Yes___ No___

Continuing Project? Yes___ No___

Project Costs

Description of Budget: (Must be in detail)

Total Projected Costs:

Sources of Funding

Community Contribution (%) \$ _____

(Minimum 5%, No Wages)

Partnership Contribution \$ _____

For Regional Office and HQ of CG&T Use

Date Received: _____ Date Approved: _____ Date Forwarded: _____

Approved by: _____ Title: _____ Amounts: _____

Region: _____ Date HQ Entered: _____ Entered by: _____

Upon approval, a copy is to be forwarded to the director of Community Development at HQ by Fax to: (867) 975-5305.
