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	

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				