

**Nuclear Waste Management Organization (NWMO)
2010 Community Investment Program**

GRANT APPLICATION FORM

Name of Organization: _____

Charitable Registration Number (if applicable) _____

Contact Person: _____ Title: _____

Address: _____ Postal Code: _____

Telephone: _____ Fax: _____ E-Mail: _____

1. DESCRIPTION OF ORGANIZATION:

2. PROJECT TITLE:

3. PROJECT DESCRIPTION

3.1 What is the need that the project addresses?

3.2 What are the goals of the project? What do you hope to achieve?

3.3 What do you anticipate the benefits and impact of the project will be for:

- i. the young people being served?

- ii. the community?

3.4 What is the timeline for the project?

3.5 Who is involved in the project?

- i. What is the role of youth?

- ii. Are volunteers involved?

- iii. Please provide the names of key project organizers:

4. How will the project be monitored and the results evaluated?

5. Please describe how the NWMO's support will be publicly recognized.

EXPECTED PROJECT REVENUES:

Revenue Sources	Amount/Value	Confirmed	Unconfirmed
NWMO Grant			
Other			
Gifts in kind			
TOTAL:			

8. Other Information relevant to the project:

9. Authorized signatures of applicant and Board Member:

Applicant: _____ Board member _____
 Signature: _____ Signature: _____
 Date: _____ Date: _____