

PSAC Social Justice Fund

Project Proposal Application Form

Name of Organization or program _____

Address _____

Phone number _____ Fax _____

Email _____

Contact Person _____

Position _____

Goal of the organization _____

Status: Non-profit _____ Charity _____ Other _____

Amount of funding requested (Minimum \$500 to Maximum \$2,500): \$ _____

Other funding Sources:

Objectives of the project:

Activities Planned:

How many people will benefit from the project? Who will be involved?

Duration & Timeline:

Expected outcome:

Please provide Budget Details

(if necessary please use additional sheet for answers)
