



Youth Contribution Application

Organization Name:	
Project Title:	
Contact Name:	
Signing Authority and Title:	
Mailing Address:	
Telephone: _____ Fax: _____ Email: _____	
Who will coordinate your project?	
How much funding do you need to run your project? \$ _____	How much are you requesting from the Youth Contribution Fund?* \$ _____ <i>Please refer to Attachment A for funding parameters</i>
Is this a new project (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did you apply for funding last year? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Description of Project/Program:	
Project/Program Goal:	
When will your project /program start: _____ and end: _____?	



How many youth will take part in your project/program activities?

Is this project/program collaborative with other organizations? ☐ Yes ☐ No

If yes, please list groups/organizations involved:

BUDGET

**Projects that are hosted in the NWT may claim up to 75% of relevant expenses

***Projects/Programs that are held outside of the NWT may claim up to 50% of relevant expenses

Revenue Source	Contribution Amount	In-Kind
Youth Contribution Program		
Total Revenue:		\$

Please list other sources of funding for this project/program, as well as the contribution amount. Sources include fundraising, other organizations, donations and in-kind donations.

Expense Items	Cost
Materials and Supplies	
Programming and Coordination Costs	
Travel	
Other (please list)	
Total Expenses:	\$

SIGNATURES

_____ Signature	_____ Date
_____ Print Name	_____ Title