



CWSE-ON Partners Program

CWSE-ON Funding Partners Full Proposal

Organization name:

Project Title:

Project Dates:

Funding Requested:

Organization Contact Information

Mailing Address:

Phone Number:

Website:

Affiliation:

- Post-Secondary Institution (name):
- Charitable / Non-Profit Organization (name and registration number):

Primary contact:

Name:

Position in Organization:

Email:

Step 2: Full proposal

- Due April 15, 2019

Attach a free form, more detailed application of not more than three pages (plus appendices) and this cover sheet. The free-form application must include:

- A description of your organization
- A summary of your project
- The need for your project
- The anticipated impact of your project

Appendix I: A one-page budget specific to this project clearly outlining expenses and revenue sources. The budget must be balanced and show where additional funds will be obtained.