

National Child Benefit Reinvestment 2016/2017

Application

Date: _____

Name of Project: _____

Applicant Name: _____

Mailing Address: _____

City/Town: _____

Telephone #: _____ Fax #: _____ Email: _____

Duration Time of Project: _____

Main objective of Project:

- ☐ The activities are mostly aimed at reducing the effects of child poverty on children
- ☐ The activities are mostly aimed at supporting parents/guardians attachment to workforce
- ☐ Our strategy balances both of the above
- ☐ Other strategy (Specify): _____

Check the activity area(s) and indicate the actual amount of NCB funds being requested for each:

- | | |
|---|----------|
| <input type="radio"/> Child Care | \$ _____ |
| <input type="radio"/> Child Nutrition | \$ _____ |
| <input type="radio"/> Support for Parents | \$ _____ |
| <input type="radio"/> Home to Work Transition | \$ _____ |
| <input type="radio"/> Cultural Enrichment | \$ _____ |
| <input type="radio"/> Administration | \$ _____ |

Will any other sources (e.g. Government department/or organization) contribute to the project? Either by providing funding or in-kind supports (e.g. by donating time/materials)? If so, please explain:

How many families do you expect will participate in and/or directly benefit from this project? _____

How many children do you expect will participate in and/or benefit directly from this project? _____

Attachments and Supporting Documentation: Please indicate the name(s) of the supporting document(s) being submitted and the method of submission (e.g. Budget, Explanation of Project):

Authorization:

The information provided is accurate to the best of my knowledge

Print Name

Signature

Date