Indigenous Reconciliation Fund Diocesan or Regional Application for Project Funding

Project Su	ummary	
Name of	proposing entity (Diocese or Region):	
Project ti	tle:	
	cription of project:	
(please inclu	de start and end dates)	
Funds rec	quested (total and by year):	
	e attach project budget and list of any other partners/dono	rs separately)
Signature	es:	
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	Diocesan Bishop	Chair of Diocesan or Regional Committee
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3. Provide evidence of success of similar projects, if any:
B. Project Detail: DESCRIPTION OF ORGANIZATION RECEIVING THE FUNDS
1. Name and brief history of the organization
2. Confirm organization's charitable or qualified donee status (and provide CRA numbers)
3. Provide evidence that the organization can carry out the proposed project (or a description of any other organizations that will assist in the proposed project)
4. Dravida any tastimanials on the project and the funded organization.
4. Provide any testimonials on the project and the funded organization:
5. Attach recent audited financial statements (If unavailable, please provide the latest financial information provided to the CRA Charities Directorate)
☐ Statements/information are attached (please check the box)
6. Contact information for key individual at the organization receiving the funds:
Name: Telephone:
E-mail:
Mailing address:

C. Project Detail: DESCRIPTION OF USE OF FUNDS
1. Summarize expenses by category: (i.e. salaries, purchased goods or services, etc.)
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2. Summarize program expenses by programme area: (if applicable)
3. Summarized expenses by year: (if applicable)
D. Project Detail: AGREEMENTS WITH OTHER PARTNERS IN THIS PROJECT
If this project is being done in partnership with other entities or NPOs, please attach proposed agreements
between the organization to be funded by this grant and the other organization(s)
bettied the diguination to be failured by this grant and the other diguination(s)
□ Draft agreements/information are attached (please check the box)
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March 21, 2022