

COMMUNITY PROJECT APPLICATION

Name of Organization _____

Contact Person _____

Email Address _____

Phone: _____

Is the applicant a member of Diversity Thunder Bay? Yes _____ No _____

Amount requested _____

Event/Activity/Initiative/Project

Objective of the Project

Benefits of the Project

Project Budget (can be attached to the application)

How does the Project support the goals and principles of Diversity Thunder Bay?

What are the recognition opportunities for Diversity Thunder Bay within the Project's marketing/promotion?

Does the project have a Thunder Bay or regional focus? Yes _____ No _____

Comments

What are the anticipated outcomes of the Project?

