



Recovery Phase Application Form

*Emergency Funding Program
United Way of Northwest Territories*

Please ensure that you complete every question unless it is identified as optional.

If you have any questions about how to complete this form, you may contact UWNWT at support@nwt.unitedway.ca.

Organization & Contact Information

Organization Information	
Name of Organization:	
Organization Address: <i>Street or PO Box:</i> <i>Community:</i> <i>Postal Code:</i>	
Website:	<i>Optional</i>
Organization Type:	<input type="checkbox"/> Registered Charity <input type="checkbox"/> Indigenous Governing Body <input type="checkbox"/> Other Qualified Donee <input type="checkbox"/> Incorporated Non-Profit
CRA Number:	<i>If not applicable, write N/A.</i>
If your organization does not have charitable status, is not a qualified donee, and is not an Indigenous Governing Body, please provide:	
Name of Fiscal Agent:	<i>Only required for some applicants</i>
Contact Name:	<i>Only required for some applicants</i>
Contact Phone:	<i>Only required for some applicants</i>
Primary Contact:	
Full Name:	
Role/Title:	
Contact Phone:	
Contact Email:	



Project Timeline:

Please provide a general or anticipated timeline of project activities. If you need additional room, please add an additional page.

Date / Period:	Activity:

Budget & Financial

Budget Questions

Estimated Budget:

<u>Expense Type:</u>	<u>Description:</u>	<u>Amount:</u>
<u>Materials or Supplies:</u>		
<u>Staff, Contractors or Personnel Costs:</u>		
<u>Equipment:</u>		
<u>Direct Aid:</u>		
<u>Other Project Costs:</u>		
Total:		



Other Sources of Funding:

Please indicate any other sources of funding, either confirmed or unconfirmed. Include any funds that you are contributing to the project.

Attestation & Signature

Attestation

By signing below, I attest that all the information in this application is accurate to the best of my knowledge, and I have the authority to submit this application on behalf of the organization.

I further acknowledge that:

- This application is not a guarantee of funding;
- My application may be shared with other funders; and
- My organization name may be shared publicly if I receive funding.

Signature

Name:

Signature:

Date:
