***NEW BRUNSWICK SECRETARIAT OF OFFICIAL LANGUAGES***

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| **New Brunswick Bilingualism Support Program (NBBSP)** |

**FUNDING APPLICATION FORM**

Fiscal year: April 1, 20 , to March 31, 20

Please review the program guidelines before completing the form.

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| PART A – GENERAL INFORMATION | |
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| 1. **General information on the organization** | |
| Organization name: | |
| Address: | Telephone: |
| Website: | Social media: |
| Head office address (if different from mailing address): | |
| 1. **Representatives of the organization or contact person** | |
| Contact person: | President: |
| Telephone: | Email: |
| Language of communication: English French Bilingual (English and French) | |

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| PART B – GENERAL PROJECT INFORMATION |
| **Project title:** |
| **Project area (choose one):**  Arts and culture Cultural diversity Education Business/employment Local governance Youth Environment Justice Official languages Early childhood development Health and wellness Seniors’ services Sports and recreation Tourism |
| **Type of initiative (choose one):** Project Event  If an event, please specify (choose one):  Performance Seminar Conference Annual general meeting  Workshop Festival Special occasion/holiday celebration  Other (specify) |
| **Project scope:**  Local Regional Provincial |
| **Project location:** |

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| **PART C – PROJECT DESCRIPTION** |
| **Project description:** |
| **Project objectives:** |
| **Expected outcomes:** |
| **Specific activities planned:** |
| **Project visibility:** |
| **Efforts to bring the two official language communities closer together and promote bilingualism:** |
| **Schedule of activities:** |
| **Performance indicators:** |

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| PART D – PROJECT BUDGET |
| **EXPENDITURES**   1. Fees 2. Promotion and communication 3. Translation and interpretation 4. Travel 5. Office expenses 6. Location 7. Other (specify) 8. General administrative fees (10% of budget)   **TOTAL EXPENSES**  **REVENUE**   1. NBBSP funding 2. Provincial government – specify:  * Department: * Funding program: * Contact name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Email adress: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  1. Federal government  * Department: * Funding program:  1. Municipal contribution: 2. Applicant contribution: 3. Contribution of partner organizations: 4. Other funding sources – specify:   **TOTAL REVENUE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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|  | **Name** | **Signature** | **Date** |
| President of organization |  |  |  |
| Project manager or financial manager |  |  |  |

Applicants are asked to please return the completed form and any related documents by email to [Hello.Bonjour@gnb.ca](mailto:Hello.Bonjour@gnb.ca). Alternatively, they may be sent by mail to the following address:

**New Brunswick Department of Intergovernmental Affairs**

**Secretariat of Official Languages**

**Chancery Place**

**P.O. Box 6000**

**Fredericton, New Brunswick**

**E3B 5H1**