**Culture of Collaboration Initiative: Application Form**

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| --- | --- |
| Organization: |  |
| Staff Contact Name: |  |
| Phone: |  | Email: |  |
| Board Contact Name: |  |
| Phone: |  | Email: |  |
| Proposed Event/Activity Date(s): |  | Time of Day (f applicable): |  |
| How many individuals do you intend to invite/engage? |  |
| Please briefly outline the purpose (objective) of your event/activities, taking into account the learning needs within your community:  |
| Dialogue support requested (please ✓ all that apply):

|  |  |
| --- | --- |
| * Event funding - $1000
 | * Logistical support for “Day of the Event”
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| * Facilitation training & mentoring
 |
| * Tools/templates to guide an effective

 Dialogue | * Other (please specify):
 |
| * Event planning/coaching
 |

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 Staff Representative (Print Name) Staff Representative (Signature)

 Date

|  |
| --- |
| **Please include the following attachments with your application:*** Proposed Event Budget (revenue and expenses). Indicate all other sources of funding as well as any in-kind support you are expecting.
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**Culture of Collaboration Initiative**

**Proposed Event Budget**

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