**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” | | * Facilitation training & mentoring | | * Tools/templates to guide an effective   Dialogue | * Other (please specify): | | * Event planning/coaching | | | | | |

Staff Representative (Print Name) Staff Representative (Signature)

Date

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| **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. |

**Culture of Collaboration Initiative**

**Proposed Event Budget**

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