



AFTER SCHOOL PROGRAM FUNDING APPLICATION

NAME OF ORGANIZATION:

NAME OF APPLICANT:

EMAIL:

COMMUNITY:

PHONE #:

COMPLETE MAILING ADDRESS:

(If approved for grant, cheque and prizes will be mailed to this address)

IF APPROVED, WHAT NAME SHOULD APPEAR ON THE CHEQUE:

IS YOUR ORGANIZATION A MEMBER OF RPAN:

YES

NO

DOES YOUR PROGRAM CHARGE PARTICIPATION FEES:

YES

NO

Priority will be given to current RPAN members.

COMPLETE IF YOUR ORGANIZATION HAS RECEIVED AN RPAN GRANT IN THE PAST

List years that your organization has received previous RPAN grants

List projects that received previous grants

Has program participation increased: YES

NO



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 IQADHAGHIQVIRKUT UNAGUQIQHOUKTEGILLU KATIMARIK NUNAVUNMI
 RECREATION AND PARKS ASSOCIATION OF NUNAVUT
 ASSOCIATION DES LOISIRS ET DES PARCS



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NUMOVES

PROPOSED BUDGET

ITEM	SOURCE OF QUOTE	DESCRIPTION	COST
TOTAL			