## Date of Application:\_\_\_\_\_\_\_\_\_\_\_\_

**Sent by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## UWD Project Fund Request Form

Send this completed form to your Provincial Coordinator. It will be sent to your Sub-Desk Coordinator and the UWD Advisory Board for review. Please state all figures in U.S. dollars.

### Applicant Information

NOTE: If there are multiple applicants, attach a separate sheet with Applicant Information for each applicant.

|  |  |
| --- | --- |
| Name of Applicant(s): |  |
| Address of Applicant: |  |
| E-Mail Address: |  |
| Province: |  |
| Applicant Signature:  This is to verify that the information contained in this form is accurate and complete to the best of my knowledge. |  |
| Date of Application: |  |

### Project Information

|  |  |
| --- | --- |
| Project Description: |  |
| Number of Women Who Will Benefit: |  |
| Project Facilitators: |  |
| Projected Cost of Project:  (attach budget) |  |
| Amount Requested from Unity Women’s Desk: |  |
| Other Sources of Funds and Amounts Pledged: |  |
| Date Funds are Needed: |  |
| Date Project Will Begin: |  |
| Date Project Will End: |  |

### Provincial / Sub-Desk Approval

This section is completed by the Provincial Coordinator and Sub-Desk Coordinator.

|  |  |
| --- | --- |
| Provincial Coordinator:  Signature:  Comments: |  |
| Sub-Desk Coordinator:  Signature:  Comments: |  |
| Provincial Official Notification: |  |

### UWD Coordinator Approval

This section is completed by the UWD Coordinator.

|  |  |
| --- | --- |
| Date Project Approved:  Amount Approved: |  |
| Date Check or Wire Transfer Sent: |  |
| Date Acknowledgement Received: |  |