

Learning Support for Persons With Disabilities
Application For Organizations

Organization Name: _____

Contact Person

Address:

Phone: _____ **Fax:** _____

E-mail: _____

Alternative Contact Person

Address:

Phone: _____ **Fax:** _____

E-mail: _____

Will participants be over 16 years of age and out of school?

YES

NO

(circle one)

Learning Support for Persons With Disabilities

Application For Organizations

Describe your organization. How does it meet the needs of persons with disabilities?

What is the learning goal of your organization?

Describe your plan for achieving the learning goal of your organization.

Learning Support for Persons With Disabilities

Application For Organizations

What barriers are preventing your organization or its clients from achieving their goals?

Describe evidence of your organization's commitment to overcoming barriers and achieving learning goals.

Proposals will be reviewed and funding approved on a first come first served basis.

Organizations that receive funding are required to submit an activity and financial report.

**Learning Support for Persons with Disabilities
PROPOSAL BUDGET WORKSHEET**

Item	Total Requested Costs	Amount Requested From Other Sources	Amount Approved (For Office Use Only)
Assessment/s	\$	\$	
Required Books and Supplies	\$	\$	
Transportation (NWT permanent residents to and from educational institute)	\$	\$	
Personal Care	\$	\$	
Assistive devices, aids and access technology (Please include a detailed description.)	\$	\$	
Tuition and Fees	\$	\$	
Other: _____	\$	\$	
TOTALS	\$	\$	