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| **Department of Education Use Only** |
| **Date Received** | Click or tap to enter a date. |
| **Clarification Required** | [ ]  **Y**[ ]  **N**  | **Sections requiring clarification:**Click or tap here to enter text. |
| **Notes** | Click or tap here to enter text. |

**Application for Funding**

**Official Languages in Education (OLE) Program**

**2024-25**

**Deadline for Submissions: April 19, 2024**

\*\*Note: Please consult the Applicant’s Guide before completing this form.

1. **Name of Requesting Organization**

Click or tap here to enter text.

1. **Brief Description of Organization (max. 150 words)**

Click or tap here to enter text.

1. **Title of Project**

Click or tap here to enter text.

1. **Description of Project**

Click or tap here to enter text.

1. **Rationale for Request and/or Context**

Click or tap here to enter text.

1. **Target Group(s)/Linguistic Objective**

[ ]  French Second Language (FSL)

[ ]  French Minority Language (FML)

1. **Components and/or Activities of Project**

|  |  |
| --- | --- |
|  | **Components or Activities of Project**  |
| **1** | Click or tap here to enter text. |
| **2** | Click or tap here to enter text. |
| **3** | Click or tap here to enter text. |
| **4** | Click or tap here to enter text. |
| **5** | Click or tap here to enter text. |
| **6** | Click or tap here to enter text. |
| **7** | Click or tap here to enter text. |
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| **10** | Click or tap here to enter text. |
| **11** | Click or tap here to enter text. |
| **12** | Click or tap here to enter text. |
| **13** | Click or tap here to enter text. |
| **14** | Click or tap here to enter text. |
| **15** | Click or tap here to enter text. |

1. **Planned Outputs and Planned Outcomes/Results of Project**

|  |  |  |
| --- | --- | --- |
| **Planned Outputs** |  | **Planned Outcomes/Results** |
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1. **Project Timeline**

Project Start Date (month and year): Click or tap here to enter text.

Project End Date (month and year):Click or tap here to enter text.

1. **Detailed Budget with Total Funding Amount Requested**

Detailed Budget:

|  |  |
| --- | --- |
| **Item and Description** | **Amount** |
| Click or tap here to enter text. | Click or tap here to enter text. |
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| **Total Funding Amount Requested:** | **$** **Click or tap here to enter text.** |

1. **Contact Person(s) Name, Position, Phone Number and Email**

Name: Click or tap here to enter text.

Position: Click or tap here to enter text.

Phone Number: Click or tap here to enter text.

Email Address: Click or tap here to enter text.

Additional Contact Person, if applicable

Name: Click or tap here to enter text.

Position: Click or tap here to enter text.

Phone Number: Click or tap here to enter text.

Email Address: Click or tap here to enter text.

|  |  |  |
| --- | --- | --- |
| **This project is submitted by** | Click or tap here to enter text. |  |
| (electronic signatures are accepted) | Signature  |  |
|  | Click or tap here to enter text. |  |
|  | Name and title  |  |
|  | Click or tap to enter a date. |  |
|  | Date |  |

**Please note:**

* The application deadline is **April 19, 2024**.
* Late or incomplete applications may not be considered.
* Applicants **MUST** ensure that budgets are accurate and do not contain errors. Projects that contain budgets that are not accurate or that contain errors may not be considered and/or be placed lower on the priority list for evaluation and/or approval.
* Please submit all applications by email to emanuelamascarin@gov.nl.ca before the deadline.