



APPLICANT INFORMATION			
Organization:			
Mailing Address:			
President:		Email:	
Project Lead :		Email:	Phone:
TYPE OF ORGANIZATION			
Not for Profit – Community Organization Member Club or Association of a PSO Provincial Sport Organization (PSO) Municipality Other:			
TARGET GROUP FOR YOUR PROJECT			
Women and Girls Persons with a disability Newcomers Visible Minority		Aboriginal Rural Other	
PROJECT INFORMATION			
Project Name:			
Start Date:		End Date:	
One Time Event: Yes No		If No, Duration & Frequency: i.e: 6 wks,2 sessions/wk for 1 hr:	
(Note if you need additional space, please add it to the Additional Info Sheet)			
Project Description - Provide a short summary of your project and what it will look like in implementation:			

Project Purpose: What objectives, needs and barriers are being addressed and the expected outcomes?

Partnerships - what partners will you engage and what role will partners have?

FINANCIAL INFORMATION

Total Project Costs:

Small Grants Request:

REVENUE

AMOUNT

Province of PEI Small Grants Program

Other -

Other -

TOTAL REVENUE

\$

EXPENDITURE

AMOUNT

Facility rental

Equipment

Travel

Promotion/Communication

Honorarium

Coach/Instructor Training

Other -

Other -

TOTAL EXPENDITURE

\$

I certify the information given on this application is true and accurate to the best of my knowledge.

Name of Applicant/Signing Officer (Please print):

Signature of Applicant/Signing Officer :

Date:

Return application form to: Margie Misener, mrmmisener@gov.pe.ca

PO Box 2000, Charlottetown, PEI C1A 7N8

(Continuous intake until February 1, 2026 - subject to available funding)

Additional Project Information