

## WISEatlantic Partnerships Program-Full Application

Organization or Individual's name:	
Project	: Title:
Tentati	ive Project Date(s):
Funding Descripted:	
runum	g kequested:
Organization/Individual's Contact Information:	
	Mailing Address:
	Phone Number:
	Website (if applicable):
Affiliation:	
	Post-Secondary Institution (name):
	Charitable / Non-Profit Organization (name and registration number):
Primary contact:	
	Name:
	Position in Organization:
	Email:

## Phase 3: Full Application – Due December 6, 2019 by midnight

Attach a free-form, detailed application of no more than three pages (plus appendices) and this cover sheet. The free-form application must include:

- A summary of your organization

- The need for your project

A summary of your project

- The impact of your project

**Appendix I:** A one-page budget table specific to this project clearly outlining expenses and any revenue sources. The budget must be balanced and show where additional funds will be obtained if applicable.

Appendix II: A one-page budget justification for each item listed in the budget. Please note that all expenses must comply with NSERC's list of eligible grant expenses, as well as Mount Saint Vincent University's policy for travel (e.g. per diem travel rates). For a complete list of NSERC eligible expenses <a href="click here">click here</a>. For details on the Mount's policy please contact us at <a href="www.usen.com/wiseastantic@msvu.ca">wiseastantic@msvu.ca</a>