

# CANB Grant Program

## Purchasing Supplies

2024 - 2025



Name of Institution:

Project Title:

## Application Form

### 1.0 General Information

Name of Organisation	
Project Lead	
Phone Number	
Email Address	
Civic Address	
Website	

1.1 Is your institution's Mission Statement and / or Mandate on file with CANB?

- Yes
- No

1.2 Was this application reviewed by or discussed with the Archives Advisor?

- Yes
- No

Name of Institution:

Project Title:

## 2.0 Project Proposal

Project Title	
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2.1 Describe the project.

- What are the archival supplies your institution wishes to purchase?
- How will these supplies be used by your institution?

Name of Institution:

Project Title:

### 3.0 Budget

#### 3.1 Budget

Total Cost of Supplies		
1	Amount Requested from CANB	
2	Amount to be Covered by Your Institution	
3	Amount to be Covered from Partners (If Applicable)	

\*Please ensure Lines 1, 2, and 3 equal the Total Cost of Supplies

### 4.0 Other Notes

4.1 Is there anything else your institution wishes the Adjudication Committee to know about regarding this application?