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| Name of organization: |
| Address: |
| City: | Province: New Brunswick | Postal Code:  |
| Contact person: | Position:  |
| Telephone:  | Fax: |
| E-mail:  | Website (if applicable):  |
| Organization type: |
| □ Not-for-profit Date of incorporation:□ Registered Charity Registered charity number: | □ University or College□ Other Please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Mandate of organization (1-2 sentences; supplementary information may be attached): |
| Identify the geographical area that your organization provides services to: |
| Identify the target population of youth that your organization serves: |
| Name the partnering organizations in your community, if any, that you have worked with, or continue to work with, in the development or delivery of your programming and services. |
| Develop why your organization will answer to ACCESS OM / ES NB’s fundamental values: accessibility, rapid service, engagement of every youth, appropriate care, seamless of transition, and sustainability (5,000 words max). |
| Signature: | Title: |
| Name: | Date: |