|  |  |  |  |
| --- | --- | --- | --- |
| 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: | |