



BUILDING TRADES OF
NEWFOUNDLAND & LABRADOR

2019 Partnership Program

Health & Wellness Impact Grant

#BuildingOurProvinceTogether

APPLICATION FORM

INFORMATION	
Name of Applicant:	Community:
Contact Person:	
Address:	
Telephone Number(s):	Email Address:
REQUEST	
Amount:	
Name of project, facility, or equipment:	
How will you use the funds from Trades NL (please attach additional information, if necessary):	
RECOGNITION	
If your request is accepted, how do you propose to acknowledge Trades NL support? i.e. website, newsletter, media, signage, logo on equipment, etc.	

I certify that the information provided in this application is accurate and is made on behalf of the above-named organization with full knowledge and consent.

Applicant Name (print):	Applicant Signature:	Day	Month	Year

#NLSkilledTrades

