



NGO Stabilization Fund – Contribution Agreement (2025-26)

[CLICK THE LINK TO APPLY ONLINE](#)

APPLICANT CONTACT INFORMATION

Name of Applicant Organization:	
Contact Person:	Alternate Contact Person:
Signing Authority Name:	Signing Authority Title:
Mailing Address:	
Email:	
Phone/Mobile:	Fax:

ABOUT THE APPLICANT ORGANIZATION

The applicant organization is registered and in good standing as:	
<input type="checkbox"/> a society under the NWT Societies Act	
<input type="checkbox"/> an association created under federal statute	
Registered Society Name:	
Date of most recent Annual General Meeting (AGM)	Date of most recent filings with NWT Societies
Date of this Fiscal Year's AGM	Date of Fiscal Year End
GNWT funded programs and services that the applicant organization provides to NWT residents:	
Total Revenues last fiscal year:	Total Operations Expenses last fiscal year:

****Attach financial statements from previous year (preferably audited) to application****

DETAILS ON APPLICANT'S GNWT GRANTS, CONTRIBUTIONS AND CONTRACTS

GNWT Dept.:	Purpose:	Amount:	<input type="checkbox"/> Grant <input type="checkbox"/> Contribution <input type="checkbox"/> Contract
GNWT Dept.:	Purpose:	Amount:	<input type="checkbox"/> Grant <input type="checkbox"/> Contribution <input type="checkbox"/> Contract
GNWT Dept.:	Purpose:	Amount:	<input type="checkbox"/> Grant <input type="checkbox"/> Contribution <input type="checkbox"/> Contract
GNWT Dept.:	Purpose:	Amount:	<input type="checkbox"/> Grant <input type="checkbox"/> Contribution <input type="checkbox"/> Contract

PROJECT INFORMATION

Project Name:
Project Location (community/communities where project will be undertaken):
Description of the project and anticipated results:
How will this help stabilize or develop capacity within your organization?
Project Schedule (key milestones):
Is this a new project? (select one): Yes <input type="checkbox"/> No <input type="checkbox"/>
Is this project collaborative? If yes, list other organizations involved and specify their role in the project:

Other Revenue Sources for Project Funding, including amounts:

PROJECT BUDGET BREAKDOWN

Details	Expense Total
Materials & Supplies:	
Contract Services:	
Travel:	
Purchased Services:	
Computer or other Equipment:	
Other Expenses:	
Total Project Budget:	

****If this is not enough space to adequately list detailed project expenses, please attach a detailed budget to this application***

Required Attachments:

Please ensure all required documents are attached to your applications:

- Financial Statements from previous year** (preferably audited)

SUBMISSION INSTRUCTIONS

Note: Do **not** send zipped or compressed files - these will be blocked by the GNWT firewall.

- **Email:** GSI@gov.nt.ca

Important:

- You will receive a confirmation within **2 weeks** of your submission that you are eligible.
- If you do **not** receive confirmation, please contact us at **(867) 767-9141 ext. 11220** or via email at GSI@gov.nt.ca