



WISEatlantic Partnerships Program Abstract

Organization or Individual's name: _____

Project Title: _____

Project Dates: _____

Funding Requested: _____

Organization/Individual's Contact Information:

Mailing Address: _____

Phone Number: _____

Website (if applicable): _____

Affiliation:

- Post-Secondary Institution (name):
- Charitable / Non-Profit Organization (name and registration number):

Primary contact:

Name: _____

Position in Organization: _____

Email: _____

Phase 1: One-page Abstract & Project Budget – Due October 10, 2017

Attach a one-page abstract that summarizes your organization and the project.

Attach a project budget showing anticipated funding sources and expenses. Please note that all expenses must comply with NSERC's list of eligible grant expenses, as well as Mount Saint Vincent University's policy for travel (e.g. per diem travel rates). For a complete list of NSERC eligible expenses [click here](#). For details on the Mount's policy please contact us at WISEatlantic@msvu.ca