



CRIME PREVENTION
& VICTIM SERVICES
TRUST FUND

Partnership declaration FORM

Name of organization applying for funding		Name of project	
Partner contact details			
Name	Phone #	Partnership organization name	
Address		Email	
Partnership term dates	Start:	Finish:	

Partnership details:

Please describe your partnership in detail, including any contributions to this project.

Please note that partnership differs from support. Partnerships are when you contribute property, labour, skill and/or finances in the context of this project application (including in-kind contributions).

How are you partnering with the funding applicant on this project?

Signature

(Authorized representative of the
partnering organization)

Print Name

Date