

Organization

Community Support Organizations Application Attachments

Planned Activities for the Upcoming Year

Name:				
Manda	ate:			
Date From	Date To	Name and Brief Decernition of Salf or Co	Venue	City/Town
(dd/mm/yy)	(dd/mm/yy)	Name and Brief Description of Self or Co- produced Activity, Workshop, Training	venue	City/Town
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Please complete this form and upload it as an attachment to your grant application through GATE.