

New Grant

>

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Application Summary

\* Are you a member of SOCAN?

Please Select

▼

\* SOCAN ID Number:

A

Z

\* Title of Activity

A

Z

PROJECT DETAILS

FINANCIAL INFORMATION

CONDITIONS

\* You must check all of the following boxes in order to submit your application

- ☐ I have read, and understand the program criteria and agree to the program terms and conditions
- ☐ I understand that SOCAN Foundation may share with SOCAN the names and contact information contained in this application form, for SOCAN's internal use
- ☐ I declare that all of the information contained in this application is correct, true and complete
- ☐ I understand the grant will be canceled if the final report is not submitted within 6 weeks of the project end date.

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