

GRANT-IN-AID APPLICATION FORM

Organization:

Name of Organization:		
Society Registration #:	Contact Person:	Contact Person Position:
Phone:	Fax:	E-mail:
Mailing Address:		

Organization Type:	
<input type="checkbox"/> Health/Social Services <input type="checkbox"/> Tourism/Economic Development <input type="checkbox"/> Youth Services	
<input type="checkbox"/> Arts & Culture <input type="checkbox"/> Sports & Recreation <input type="checkbox"/> Other:	
Purpose of Organization:	
Organization's Objectives (attach additional information if available):	
Nature of Services Provided by Organization:	
How many people do you expect to serve by this Grant Application?	Who are the people to benefit from your activity or functions?

Grant:

Grant-in-aid Amount Requested:	\$
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Activity or Functions to be Supported by this Grant Application:

Implications for the Organization if this Grant is not approved:

Declaration: On behalf of the organization, I hereby declare that the information included in this application is true and correct to the best of my knowledge.

Signature:	
Position\Title:	
Date of Application:	

OFFICE USE ONLY

Date Application Received:	
Amount Awarded:	