



GRANT APPLICATION

1. APPLICATION MADE TO MUNICIPAL DISTRICT DEPARTMENT

___ Community Services ___ Recreation Services ___ Finance Services

2. GRANT APPLIED FOR:

___ Individuals/Organizations ___ Recreation ___ Senior Citizen Program (Heat)

___ Community Special Events ___ Funeral Program

3. APPLICANT INFORMATION:

Name of Applicant: _____

Box # & Civic #: _____
Hamlet/Community _____

Please complete if applicable:

Incorporation/Society Number: _____ Date of Incorporation _____

(List of Executive/Board of Directors must be attached if applicable)

4. ORGANIZATION/PERSONAL CONTACT INFORMATION

Contact Name: _____ Title: _____ Telephone (Work) _____

(Home) _____ (Cell) _____ Fax Number _____

5. PROJECT INFORMATION/GRANT REQUEST

Nature of the Project/Grant Request: _____

1. Detailed description of Goals & Objectives to be carried out:

2. The need for this project & who will benefit from it & why should it be funded:

Note: If additional space is required for Questions 1 & 2 please provide on a separate paper.

3. Grant amount requested: _____ 4. Total project cost: _____

5. Project start date: _____ 6. Project completion date: _____

6. PAST GRANTS

In the past year, have you or your organization received a grant from the M.D. of Opportunity?

Yes: _____ No: _____ If yes: Date/Year: _____ Amount: _____

Type of Grant Received: _____

Note: If funds are not used within approval year, the funds shall be returned to the M.D unless an extension has been granted.

Applicant Signature

Date

For Office Administration Use Only:

Department Manager Approval (Signature): _____

Budget Code: _____ **Amount:** _____ **Date:** _____

Cheque #: _____
