

## LWFRA Community Grant Program Application Form

<p>For Office Use only APPLICATION NUMBER: _____ DATE RECEIVED: _____ HRM Finance Tracking required (&gt;\$2000): _____</p>			
<p><b>Description Funding Request/Project Name:</b></p>			
<p><b>Amount of Funding Requested in this Application:</b></p>			
<p><b>Registered name of applicant organization:</b></p>			
<p><b>Please provide the applicable non-profit or charitable status registration name &amp; number.</b> Organization's name &amp; RJSC number:</p>			
<p><b>Mailing Address:</b></p> <table style="width: 100%; border: none;"><tr><td style="width: 60%; border: none;">Street Address</td><td style="width: 20%; border: none; text-align: center;">City</td><td style="width: 20%; border: none; text-align: center;">Postal Code</td></tr></table>	Street Address	City	Postal Code
Street Address	City	Postal Code	
<p><b>Civic Address (if different from mailing address)</b></p>			
<p><b>Contact person (i.e. Executive Director):</b> <i>(the person who has signing authority for your organization)</i></p> <p>Name &amp; Title: Address (if different from above):  Email:  Phone contact:</p>			
<p><b>Has your organization received an LWFRA Community Grant in the past? If yes, please indicate when, for which project and how much was funded via LWFRA Community Grant.</b></p>			

PLEASE REFER TO THE LWFRA COMMUNITY GRANT APPLICATION PROGRAM GUIDE WHEN COMPLETING THIS FORM.

**LWFRA Community Grant Program Application Form (cont'd)**

**Project Description**

**Project description:** A short summary/description of your project, with objectives, start and end dates.

**Project timeline and objectives:** A detailed implementation plan, including timeline for achieving specific objectives. What are the long/short term effects of this project?

**Target audiences for your project:** Who are they; how many people you will reach; which communities will you reach; what benefits will LWFRA residents receive from the project.

If you do not receive the total amount of funding requested, what would your alternate plan be?

**LWFRA Community Grant Program Application Form (cont'd)**

**Budget Request**

Please provide in as much detail as possible a breakdown of the project expenditures, and project revenue sources. Please note any matching funds and the contributor or in-kind donations, and the estimated cost of the services being provided. Attach additional pages if necessary.

Project Expenditures	Expenditure Amount (\$)
Other Project Revenue Sources	Revenue Amount (\$)
<b>FUNDING REQUESTED = Expenditure (\$) – Revenue (\$)</b>	

**LWFRA Community Grant Program Application Form (cont'd)**

**Signatures** *(Please note: this application must have TWO signatures in order to be complete.)*

On behalf of \_\_\_\_\_, I verify that all information represented in this

*(Organization name)*

application is accurate.

\_\_\_\_\_  
Signature of Organizational Leader\*

\_\_\_\_\_  
Second Signatory\*\*

\_\_\_\_\_  
Position, Organization

\_\_\_\_\_  
Position, Organization

\_\_\_\_\_  
Please print or type name

\_\_\_\_\_  
Please print or type name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\* *Organizational Leader is the Executive Director or person who has signing authority for your organization.*

\*\* *The Second Signatory can be the Chair of the Board, Treasurer, or a major project partner. If you are unsure, please contact the LWFRA for clarification.*