

## **LWFRA Community Grant Program Application Form**

**Note this form should be saved and completed with Adobe Acrobat**

For Office Use only		
APPLICATION NUMBER:	DATE RECEIVED:	
HRM Finance Tracking required (>\$2000):		
<b>Description Funding Request/Project Name:</b>		
<b>Amount of Funding Requested in this Application:</b>		
<b>Registered name of applicant organization:</b>		
<b>Please provide the applicable non-profit or charitable status registration name &amp; number.</b> Organization's name & RJSC number:		
<b>Mailing Address:</b>		
Street Address	City	Postal Code
<b>Civic Address (if different from mailing address)</b>		
<b>Contact person (i.e. Executive Director):</b> <b><i>(the person who has signing authority for your organization)</i></b>		
Name & Title:		
Address (if different from above):		
Email:		
Phone contact:		
<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>		

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.*

WHEN YOU COMPLETE THIS FORM, PLEASE SAVE IT AND PRINT IT TO ADD YOUR SIGNATURE FOR SUBMISSION. IF YOU WISH TO SUBMIT MY EMAIL, PLEASE SEND THE FILE BUT ALSO ADD A PHOTO OR SCAN OF THIS LAST PAGE WITH YOUR SIGNATURE INCLUDED (WE HAVE NOT FIGURED OUT THE ELECTRONIC SIGNATURE SYSTEM YET).