

GRANT APPLICATION COVER SHEET

Please attach this form to the front of your funding request.

ORGANIZATION INFORMATION

Name of Organization:

Address:

Telephone:

Fax:

Website:

Charitable Registration Number:

Registration Date:

PRIMARY CONTACT

SECONDARY CONTACT (if applicable)

Miss Ms. Mrs. Mr. Other:

Miss Ms. Mrs. Mr. Other:

First Name:

First Name:

Last Name:

Last Name:

Position:

Position:

Email:

Email:

Telephone and Ext. No:

Telephone and Ext. No:

PROJECT INFORMATION

Project Title:

Project Description (100 words):

Total Project Budget:

Amount Requested:

Project Timeframe:

Signature of Applicant: