

COMMUNITY MATCHING GRANT FUND APPLICATION FORM

Group Name (if applicable)

Applicant's Full Name

Full Address (including postal code)

Phone number (h) (c)

Email Address

Alternate Contact Person

Phone number (h) (c)

Email Address

PROJECT OVERVIEW

Please provide a brief description of your group

Description of the project (overview of project, location, timelines for completion)

Implementation Plan and Schedule of Event

(Please provide a brief description of the plan and schedule for the event)

List of community members involved

FINANCIAL INFORMATION

Project Funding Request \$

Please provide Budget Estimate

I, (Applicant's name) agree to lead the group to undertake this project. I give a commitment that any funds received as a result of this application will be used solely for the purpose set out in this form. I acknowledge that the submission of this application does not guarantee funds will be awarded for the project.

Signature:

Date: