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Request for Funding

Project Title: _____

Name of Organization: _____

Address: _____

City/Town: _____

Postal Code: _____

Charitable Registration #:

Telephone: _____ Fax: _____

Contact Name: _____

Contact Tel: _____ Fax: _____

I hereby certify that the information presented in this application is true.

Signature of Contact Person: _____

Print Name: _____ Date: _____

Signature of Project Manager: _____

Print Name: _____ Date: _____

Where did you hear about the Council? _____

Have you been previously funded by the Council? Yes ___ No ___

If yes, when? _____

Please provide a brief project summary: _____

