

SCHEDULE A - "GRANT APPLICATION"

Name of Group:	Applicants Name:
Phone Number:	Email:
Mailing Address:	
Brief Description of Groups mandate:	
Have you applied to other grant sources YES NO	
Verification of Non-Profit Organization INCLUDED TO FOLLOW	
Financial Statement: INCLUDED TO FOLLOW	
<i>(Where Applicable) Proof of adequate liability insurance (minimum \$2,000,000)</i>	

<i>(If there is insufficient space please attach additional information and details as required)</i>
In-Kind: _____ Cash Grant: _____ Operation Grant: _____
<i>Note: In-kind (e.g. chairs, rent, service); Cash Grant (a one time grant); Operation Grant (recurring grant)</i>
Proposal:
Date of Event:
Benefit(s) to the community:
Demonstration of financial need:
If you received a Grant last year, how was it used?

**Successful Operational Grant recipients will be notified after the next Financial Plan passes.*

*Please submit via email to main@townsr.ca;
fax at 204-734-5166 or press submit.*

Signature

Date