



**P.O. Box 338**  
**Temagami, ON P0H 2H0**  
**Telephone 705-569-3737**  
**Email: [info@temagamicommunityfoundation.com](mailto:info@temagamicommunityfoundation.com)**

## General Grant Application Form

Name of Organization:

Address of Organization:

Telephone Number:

Fax Number:

E-mail Address:

Contact Person:

Your Charitable Registration Number:

If you are not a Charitable Organization:

Sponsoring Organization, Municipality or First Nation, contact name and information:

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Sponsoring group charitable number: \_\_\_\_\_

Project Title:

What is Mandate of your Organization?

What is your Project Proposal?

Give a brief statement/description of the purpose of the project, its specific goals and how they are to be accomplished (attach a separate page if necessary):

Specifically, how will your project directly benefit the residents of Temagami? (attach a separate page if necessary):

Start Date of Project:

Duration of Project:

Amount of Funds Requested:

Estimated Total Budget of the Project:

When are the Funds Required?

Please attach a Proposed Budget for the Project

	Description	Cost
Requested funds		
Other Funding Sources		
In-kind contributions (volunteers, equipment, venue)		
	Total Cost of Project	

What Recognition will your Organization be able to give the Temagami Community Foundation?

Please provide a copy of your latest Financial Statements.

FOR OFFICE USE ONLY	
Date Received: _____	Amount Approved: _____
Date Approved: _____	Cheque Number: _____