



P.O. Box 338
 Temagami, ON
 P0H 2H0

Telephone 705-569-3737

Email: 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:

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.

<p>FOR OFFICE USE ONLY</p> <p>Date Received: _____ Amount Approved: _____</p> <p>Date Approved: _____ Cheque Number: _____</p>
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