

BCR/PRA: B

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ELECTORAL AREA GRANT APPLICATION

Society #:	
Name:	
Civic Address:	
Mailing Address:	
City:	Postal Code:
Contact Person:	Alternate Person:
Tel:	Tel:
Email:	Email:
SOCIETY EXECUTIVES	PROJECT COSTS
President:	Total Cost of Project:
Vice President:	Amount Requested per year
Treasurer:	For how many years? 1 yr 2 yrs 3 yrs
Have you applied to a municipality for funding? Yes	No If so, how much did you apply for?
Was your application successful? Yes	No If so, how much did you receive?
Describe the project for which your organization is req If more space is needed, please add it as an attachment to your appl	uesting a grant and the reason for your request. ication.
ATTACHMENTS REQUIRED:	
 Project budget, including all sources of funding Current financial statements showing expenses, revenues & savings 	
Signature of Applicant:	Date:
For Office Use Only	
	Gas Tax: B C D E

Other: