



DUE JANUARY 31ST YEARLY

Schedule "A" - Grant Application

Applicant Information

Name of

Organization:

Date:

Contact Person:

Address:

Street Address

City

Province

Postal Code

Phone Number: _____

Email Address: _____

Name of project/program/event:

Under which Grant category does your project best fit?

Sports and Recreation ☐ Culture and Heritage ☐ Environmental ☐

Health and Wellness ☐

Other ☐ Please explain:



In Kind Amount Requested: \$ _____

Cash Grant Amount Requested: \$ _____

Name of entity to receive grant (if different than above):

Have you previously applied for a grant from the Municipality of Brenda Waskada?

YES

☐

NO

☐

Declaration

I DECLARE THAT

- ◆ I am a duly authorized representative having legal and/or financial signing authority for the above organization.
- ◆ The information contained in this application and all supporting documents is true and accurate and endorsed by the above organization.
- ◆ The initiative will benefit the Municipality of Brenda Waskada and/or its residents

Signature

Date

Name (Please Print)

Grant Request General Description (If necessary)

