

**APPLICATION FOR FUNDING**

Legal Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

CRA Charitable Contribution Number: \_\_\_\_\_ RR \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Amount of Request: \_\_\_\_\_ Total Project Cost: \_\_\_\_\_

Description of Project for which funds would be used: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who is applying? Describe the organization that is applying for this grant:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Existing Sources of Funding for the Project: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Additional sources from which funding has/or will be sought: \_\_\_\_\_

\_\_\_\_\_

When will the project be completed or become operational? \_\_\_\_\_

Who will benefit from this project and how will they benefit? \_\_\_\_\_

How many people will benefit directly from this project? \_\_\_\_\_

What future or larger benefits are there in doing this project? \_\_\_\_\_

Why do you think this project is important? \_\_\_\_\_

For the people who benefit from this project, how often (times per year) will they use it or be affected by it? \_\_\_\_\_

(Should you require more space, please attach another page)

Completed applications with attachments should be mailed to:

Battle River Community Foundation  
Box 1122  
Camrose AB T4V 4E7