



Battle River Community Foundation

APPLICATION FOR FUNDING

Legal Name of Organization: _____

Address: _____

CRA Charitable Number: - - - - - **RR** - - - - -

Contact Person: _____

Phone: _____ **E-mail:** _____

Amount of Request: _____ **Total Project Cost:** _____

Description of the project for which the funds would be used: _____

Existing source 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 the project and how will they benefit?_____

How many people will benefit directly from the 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)

Applications close the last Friday of September:

Completed applications with attachments should be mailed to:

Battle River Community Foundation

Box 1122

Camrose, AB, T4V 4E7

Telephone: 780-679-0449