

The Temiskaming Foundation

BOX 1084 NEW LISKEARD ON P0J 1P0

Email: ttf@temiskamingfoundation.ca Tel: (705) 647-1055

ENGLEHART & AREA COMMUNITY FUND GRANT APPLICATION FORM

Name of Organization: _____

Address of Organization: _____

Telephone Number: _____ **Fax Number:** _____

E-mail Address: _____

Contact Person: _____

Charitable Registration Number: _____

Project Title: _____

Give a brief statement of the purpose of the project, its specific goals and how they are to be accomplished (attach a separate page if space is insufficient):

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

What Recognition Will the Organization Be Able to Give the Englehart & Area Fund -The Temiskaming Foundation?

GST exempt? Yes or No 50% Exemption? Yes or NO

Funding from Other sources? Yes or No

(Updated April 2014)

FOR OFFICE USE ONLY	
Date Received: _____	Amount Approved: _____
Date Approved: _____	Cheque Number: _____