



**Application Form  
Canadian Community Support Foundation  
Community Fund**

**Name of Organization:** \_\_\_\_\_

**Brief Description of Organization:**

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

**Is the organization incorporated? Yes ( ) No ( )**

**Is the organization a registered charity? Yes ( ) No ( )**

**If Yes, registration number:** \_\_\_\_\_

**Primary Contact Name:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Make cheque payable to:** \_\_\_\_\_

*Note: we cannot make cheques payable to an individual*

**Mail cheque to (mailing address):** \_\_\_\_\_



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**Project/Funding Need Description:**

Provide a brief description of the project/funding need. Tell us exactly what you intend to do with the funding provided.

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**Project/Funding Goals and Objectives:**

List what the project hopes to achieve and how it will achieve this goal.

**Goals and Objectives:**

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**How will this project/funding affect the community/individual?**

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**Grant amount requested:** \_\_\_\_\_

**In-kind:** \_\_\_\_\_

This application is submitted for consideration by the Canadian Community Support Foundation Community Fund on behalf of the organization noted herein, and the person signing below is duly authorized by the organization to commit to this project on its behalf.

\_\_\_\_\_  
Signature of Primary Contact

\_\_\_\_\_  
Date