

Delburne Community Support Grant

GRANT APPLICATION

Organization: _____ Contact Person: _____

Address: _____ Daytime Phone: _____

Grant Fund (Check one) Recreation Community Operations Capital

Name of Project: _____

Number of Members or Participants: _____

Project Description: _____

Following Statements must be included with application: (please check off)

Copy of Current Bank Statement _____

Copy of Current Financial Statement _____

Project Budget:

Description of Expense:	Amount (\$)	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
Total Project Cost:		_____

Revenues:

Income earned & Fundraising Activities:	Amount (\$)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Other Grants Received and Applied for this Project:

_____	_____	
_____	_____	
Total Revenues:		_____

Amount Applied for: _____

Director: _____ Date: _____

Note: Application Forms must be received by the Village of Delburne, Box 341, Delburne AB T0M 0V0, Fax 403-749-2800,

NO LATER THAN September 15, 2019.