Delburne Community Support Grant

GRANT APPLICATION

Organization: _____ **Contact Person:** _____

Mailing Address: _____ **Daytime Phone:** _____

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, or email Helen.overwater@delburne.ca NO LATER THAN March 15, 2026.

This information is collected under the authority of the Municipal Government Act and the Freedom of Information and Protection of Privacy Act, Section 33(c). This information will be used solely to administer the Delburne Community Support Grant. Any questions related to the collection and use of this information should be referred to the Chief Administrative Officer at (403) 749-3606.

2023-03-15