

The Selkirk and District Community Foundation, Box 400, Selkirk, Manitoba R1A 2B3
2003 WESTERN CANADA SUMMER GAMES LEGACY FUND

GRANT APPLICATION

APPLICANT:

Name of Organization: _____

Contact Person: _____ Title: _____

Address: _____

_____ Telephone: _____

We certify that the Board of Directors has authorized this application.

Signature of President: _____ Date: _____

Signature of Treasurer: _____ Date: _____

SUPPORTING APPLICANT:

Name of Municipality or School Division: _____

Name of CAO or Superintendent: _____ Signature _____

Address: _____ Phone Number _____

Charitable Registration #: _____ or Ability or Provide Tax Receipt: _____

THE PROJECT:

Project Title: _____ Amount Requested _____

Brief description of project: _____

APPLICATION MUST INCLUDE:

- Completed application form and budget for project.

