

# BRIAN TODD MEMORIAL COMMUNITY FUND GRANT APPLICATION FORM

## ORGANIZATION DETAILS:

Organization Name: \_\_\_\_\_

Organization Address: \_\_\_\_\_

\_\_\_\_\_

Charitable Registration #: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

## ORGANIZATION MISSION:

(What does it do, who does it help?)

# BRIAN TODD

MEMORIAL COMMUNITY FUND

GRANT APPLICATION

## PROJECT DESCRIPTION:

Background/Origin:

How will your project address the goals of the **Brian Todd Memorial Community Fund**?

## VOLUNTEERS:

How many volunteers does your organization use in providing your services to the community?

# BRIAN TODD

MEMORIAL COMMUNITY FUND

GRANT APPLICATION

TOTAL PROJECT COST: \$

(Describe any major items)

FUNDING REQUESTED: \$

FUNDING FROM OTHER SOURCES: \$

(Leveraged projects are preferred)

\_\_\_\_\_  
SIGNATURE (PRINT NAME)

\_\_\_\_\_  
DATE

Please send completed applications to:

GRANTS COMMITTEE  
**BRIAN TODD MEMORIAL FUND**  
PO BOX 687  
BRIGHTON, ON K0K 1H0