

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 COMMUNITY FUND
PO BOX 687
BRIGHTON, ON K0K 1H0