

GRANT APPLICATION FORM

NAME OF ORGANISATION AS IT APPEARS ON LEGAL DOCUMENTS OR CERTIFICATES	
PHONE NUMBER OF PRIMARY CONTACT	EMAIL ADDRESS OF PRIMARY CONTACT
CITY	STATE/ PROVINCE / REGION
ZIP CODE/ POSTAL CODE	COUNTRY
FULL NAME OF PRIMARY CONTACT	PHONE NUMBER OF PRIMARY CONTACT
EMAIL OF PRIMARY CONTACT	SECONDARY CONTACT INFO

Is your organisation legally registered as a non-profit? YES NO

Is your organisation locally registered as a community or social program provider? YES NO

How many years has the organisation been in operation? _____

Does your organisation have a written accounting policies and procedures? YES NO

**Please introduce your organisation, emphasizing key mission, key activities and key goals
(400 WORDS MAX)**



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**Please provide a clear description of the primary objective for the project you need funding for.
(500 WORDS MAX)**

What are the direct and indirect benefits to the local community (500 WORDS MAX)?



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How many community members will benefit from the project? Please describe the community. (300 words max),

What is the total amount being requested for the project and what would the funds be used for

Do you have any other source of funding? Please state it?

Submitted by: Full Name _____

Signature	Date
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