

SOUTH BRANCH COMMUNITY FUND APPLICATION FORM

Title of Project: _____

Applicant Information

Name of Individual/Group: _____

Is this a South Dundas based group? _____

Will this project take place within the approved funding area? _____

Mailing Address:

Contact Person

Name: _____

Address: _____

Phone: _____

Email: _____

Provide a brief description of your role/mandate in the Community:

PROJECT COSTS

Total Project Cost (\$): _____

Amount Requested (\$): _____

PROPOSED PROJECT

Please use additional paper if required

Please provide a clear summary of the initiative, and who in the community will benefit: _____

How will you measure or evaluate the impact of your initiative?

If successful, who will be coordinating the project and how will the project be completed? _____

Describe any maintenance or future expenses that may occur after the completion of the project and who will be responsible:

Applicant Signature: _____

Date of Application: _____