



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: \_\_\_\_\_

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

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

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

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Applicant Signature: \_\_\_\_\_

Date of Application: \_\_\_\_\_