

A PERPETUAL LEGACY FOR THE PEOPLE OF KENT-HARRISON KENT-HARRISON FOUNDATION

Grant Application Form 20____ (Please ensure you have current Funding Guidelines and Application)

| Α | PPLICATION SUMMARY | | |
|-----|--|-----------------|--------------|
| (a) | Organization (legal) name: | | |
| (b) | Organization operating name (if different than | above): | |
| | Project title: | | |
| | Project description (max. 6 lines): | | |
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| (e) | Amount requested from the Kent-Harrison Fo | oundation: | |
| | Total project budget: | | |
| | Project contact name and title: | | |
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| Se | ection A - General Information Regarding A | pplicant Organi | zation |
| 1 | Address: | | |
| | City/Town: | _Province: | Postal Code: |
| | Telephone No.: () | Fax No.: () | |
| | Email: | _Website: | |
| 2 | Registered Business No.: | | |
| 3 | B.C. Society No.: | | |

| 1 | Is this application being "sponsored" by another organization? Yes U No U | | |
|---|---|---|--|
| | If yes, sponsoring organization's name: | | |
| , | (a) Board of Directors - List attached |] | |
| | (b) Chairperson/President | | |
| | Name: | Title: | |
| | Telephone No.: () | Fax No.: () | |
| | (c) Staff | | |
| | President / Executive Director / Senior Staff | Person | |
| | Name: | Title: | |
| | Telephone No.: () | Fax No.: () | |
| | (d) Project Manager | | |
| | Name: | Title: | |
| | Telephone No.: () | Fax No.: () | |
| | | | |
| | | | |
| , | (a) Financial Year: From(mm/dd) | To(mm/dd) | |
| | (b) Operating budget from current year - | Attached | |
| | Request from the Kent-Harrison Foundation | n must be incorporated into the operating budget for the current year | |
| | In this project hudget incorporated into the | perating budget for the current year? | |

| S | ection B - Information on Project for which Funding is Requested | |
|----|--|--|
| 8 | Duration: From(yy/mm/dd)To(yy/mm/dd) | |
| 9 | Project background: | |
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| 10 | Goals and objectives: | |
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| 11 | Description of activity and plan of action: | |
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