



TOWN OF RENFREW

GRANT APPLICATION

SECTION 1 – CONTACT INFORMATION

Organization Name	_____
Mailing Address	_____ _____
Website (if applicable)	_____ _____
President/Executive Director	_____
Title	_____
Phone Number	_____
Email Address	_____
Contact Person (if different)	_____
Title	_____
Phone Number	_____
Email Address	_____

SECTION 2 – PROPOSAL REQUEST

Program/Project Name	_____
Total Program/Project Budget	_____
Requested Amount	_____
Percentage of Total Budget	_____
Type of Request	Financial <input type="checkbox"/> In-kind <input type="checkbox"/>
Capital Campaign	_____
General Operating	_____
Program Support	_____
Multi-Year	Yes _____ No _____
Geographic Area Served	_____

How does your grant request contribute to the Town of Renfrew's mission to meet the health, safety and leisure needs of its residents?

Previous grants received from the Town of Renfrew:

- | | | | |
|-----------|----------|------|-------|
| 1. Amount | \$ _____ | Date | _____ |
| 2. Amount | \$ _____ | Date | _____ |

SECTION 3 – ORGANIZATION INFORMATION

Year Established _____
Total Organization Budget _____
Total # of Board Members _____
Total # of General Members _____
Total # of Staff _____

Organizational Mission Statement:

Brief Description of Organization:

Description of Population Served:

SECTION 4 – PROPOSAL DOCUMENTATION

Please attach the following documentation:

1. Proposal Summary
2. Budget (current year)
3. Financial Statements (most recent fiscal year)
4. List of Executive/Board Members (including names, addresses and telephone numbers)
5. Other Supporting Documentation