



GRANT APPLICATION





GRANT APPLICATION

AGENCY INFORMATION

Name of Organization:	
Address :	Postal Code:
Charitable donation # :	Phone# :
GRANT REQUEST	
Amount Requested:	
When funds are needed:	
Total project cost:	
Projected starting date:	Projected Completion Date:
Duration of project:	·····
ATTACHMENT Most recent audited financial statements and annual r AUTHORIZATION The organization agrees to publicly acknowledge the can include but is not limited to: a notice in the newsp dissemination to organization membership.	ontributions made by the Hamiota Community Foundation. This
NEW Applicants are requested to have a representa provide a short presentation (5 Minutes) on the Grant	Application submitted, allowing the HCF Committee the ect(s). Each applicant will be contacted by a committee member
This application must be signed by the Chairperson/Pro	esident or Treasurer of the organization.
Primary contact for further information	
Name:Signature:	Phone #: Title:

ase provide us with a list of all sources of revenue available and amounts which will be paid to your program for ject requirements.				

Please explain and describe how this project will impact the co	mmunity, its residents or heritage.
f your program is not in receipt of grant revenue from the Ham continuance?	niota Community Foundation will this affect your projects
We reserve the right to request additional information.	
Jpon completion, please send this form to:	LABOTA
Hamiota Community Foundation	AMIOTA Community Foundation
Box 100, Hamiota, MB. ROM 0T0	Community Foundation

Application deadline is: February 29th, 2024 @ 4:30pm