



SOUTH FRONTENAC

Letter of Intent Form – Community Grant Program

Section 1: Applicant Information

Name of Organization					
Full Mailing Address					
City		Prov.		Postal code	
Application contact name & title (please print) who can be contacted by Committee in case of questions					
Phone		Mobile		Fax	
Email				Date	

How long has your organization been in
existence in South Frontenac?

Select the most appropriate of the following options and fill in the fields below:

<input type="checkbox"/>	Our organization is a charity registered with Canada revenue agency. Our Charitable Registration Number is (Format: 12345-6789 rr0001) _____
<input type="checkbox"/>	Our organization is a not-for-profit organization Type of organization: _____

Names of Signing Officers:

Grant Stream being applied for:

Name of project:

Amount requested:

www.southfrontenac.net

South Frontenac is a welcoming and thriving rural community

Description of Organization

Describe your organization in up to 250 words.

Section 2: Project

Describe your project in 75-100 words. This summary may be used to publicize the project.

The following questions can be answered in short point form:

What are the main objectives of the project?

What need does it address?

If applicable, who will be served by this project?

List the main activities you plan to carry out.

List the expected outcomes/results.

How will the project have a positive impact on the quality of life in this community?

When will the project start and end?

Start:

End:

Area Served: What is the geographic area served by this project?

Funding: How much funding are you seeking and for what activities/project expenses?

Please attach a project budget. Cost estimates should be based on actual quotes whenever possible and applicable.

List other funding groups you have approached at this time. If you have only applied to the township, explain why.

To be considered complete, a copy of your most recently completed financial statements must be included with your application.