



Town of Lac du Bonnet Community Grant Program Application Form

SECTION 1: Organization Information

Organization Name: _____

Mailing Address: _____

Contact Person: _____

Phone Number: _____

Email Address: _____

Social Media Presence(if applicable): _____

SECTION 2: Grant Category

Select the type of support you are applying for:

Special Events & Festivals Support (In-Kind and/or Monetary)

Operational Support (Monetary)

Capital Acquisition Support

SECTION 3: Project Description

Requested Amount: _____

Provide a brief description of the initiative, including objectives, timeline, and expected outcomes:

If requesting monetary funding please describe the proposed allocation of funds and the benefit to the community resulting from the grant that will be met if the monetary donation or grant is approved:

If requesting in-kind support please provide a description of the support required:

SECTION 4: Financial Information

Total Project Budget: \$ _____

Amount Requested from the Town: \$ _____

Other Sources of Funding (if any): _____

SECTION 5: Previous Funding History

Has your organization received funding from the Town in previous years?

Yes No

If yes, please specify the year(s) and amount(s):

Was a follow – Up report submitted to the town as required?

Yes No

SECTION 6: Required Attachments

Please ensure the following documents are attached:

- Previous year’s financial statements
- Detailed budget for the proposed initiative

- Proof of non-profit status (if applicable)

SECTION 7: Declaration

I hereby declare that the information provided in this application is accurate and complete. I understand that submission of this application does not guarantee funding.

Name: _____

Signature: _____

Date: _____

FOR OFFICE USE ONLY		
Date Received: _____		
Is the application complete:	Yes	No
Does the applicant meet the eligibility requirements:	Yes	No
Has the initiative applied for the grant in the past:	Yes	No
Does this initiative benefit the Town residents directly or indirectly:	Yes	No
Does the request address an identified need in the community:	Yes	No
Does the request fit within the budgeted allocation of the program:	Yes	No
APPROVED Amount/In-Kind Details: _____		
DENIED Reason: _____		