



CLANWILLIAM - ERICKSON

Request for Funding

Policy for Grants/Donations FA015

Category(s)

(Circle all that apply)

- | | | | |
|----------------------------|----------------------------------|---------------------------------|------------------------------------|
| 1 Supporting Youth/Seniors | 2 Benefit to the Disadvantaged | 3 Social | 4 Education and Skills Development |
| 5 Community Special Events | 6 Athletic Teams/Sporting Events | 7 Community Health and Wellness | 8 Arts and Culture |

Organization/Applicant

Contact(s)

(Name, Phone No.)

_____	_____
_____	_____
_____	_____
_____	_____

Project/Activity

(Brief Description)

Who will benefit from this project/activity?

Total Anticipated Cost for Project/Activity

(Attach Supporting Documents)

\$ _____

Amount of Funding Requested

(Attach Financial Statements)

\$ _____

How will the remaining amount be funded?

Project/Event Timeline

(Indicate all that are applicable)

_____	_____	_____
Date of Event	Project Start Date	Project Completion Date