

## **2025 GRANT APPLICATION FORM**

Name of Organization	
Mailing Address	
Phone	
Email	
Contact Person	
Project Title	

Organization Type	Project Category		
□ Non-Profit □ Charity □ Community-based Group	Social Support    Cultural/Recreational		
Charitable Status Number (if applicable)			

		l .		
Grant Request				
Requested Amount	\$			
Total Project Costs				
Is this a Capital project?	□ Yes □ No			

Most Significant Sources of Revenue		\$ Amount	% of Total Revenue
Fundraising		\$	%
Provincial Government		\$	%
Federal Government		\$	%
Other (Please Specify)		\$	%
Total Annual Expense		\$	
Surplus Position as of (Date):		\$	(/)
Restricted \$	\$	Unrestricted	\$

## \*\*The Grants Review Committee will not provide Grants for Building Capital or Maintenance Projects\*\*

1) Please provide details for use of this year's proposed funding:

2) Please provide a brief summary of what your organization does and how it benefits our community and its citizens:

3) If applicable, please provide a brief summary of how last year's Municipal grant was used:

4) Will the project move forward without grant funding?
□YES □NO

The personal information is being collected by the City of Brandon for the purpose of enabling the Grants Review Committee to review Grant Applications and to achieve any other purpose to which you have given your consent. It is protected by the Protection of Privacy provisions of the Freedom of Information and Protection of Privacy Act and the City of Brandon's Policies and Procedures. If you have any questions about the collection of this information or to make application under the Act, please contact the Access to Information Officer, Ian Richards at 204-729-2269 or <u>i.richards@brandon.ca</u>.