THE CORPORATION OF THE COUNTY OF WELLINGTON

COMMUNITY GRANT APPLICATION FORM

Date of Application: _____
mm/dd/yyyy

APPLICANT INFORMATION:

Applicant: _____
(Name of person, organization, company or ad hoc group)

Grant request amount: _____

Address: _____

Town: _____ Postal Code: _____

Telephone: _____ Email: _____

Fax: _____ Website: _____

Name of Contact Person: _____

ORGANIZATION/ PROJECT DETAILED DESCRIPTION:

Please provide details of the organization or project's anticipated use of grant proceeds (if successful). Include the impact the organization/project has on Wellington County and its residents, and the importance to the Town/ Township and its residents.

BUDGET AND FINANCIAL INFORMATION:

Please attach to this application a copy of your operating budget and recent financial statements for the organization/project. Have available upon request a letter of reference.

PLEASE RETURN THIS FORM BY **NOVEMBER 30** TO:

Nicole Cardow, Deputy Clerk

County of Wellington
74 Woolwich Street
Guelph ON N1H 3T9
519.837.2600 x 2524
Fax: 519.837.1909
Email: grantsandscholarships@wellington.ca