

Community Grant Application Form

Date of application:	
Name of organization/event:	
Address:	
	Position:
Phone (primary): Email:	Phone (alternate):
2. Name:	Position:
	Phone (alternate):
PREVIOUS YEAR FUNDING	
Did the Village of Anmore provide fund	ding to this same organization last year? 🗆 Yes 🗆 No
If yes, amount received: \$	
Describe project/event/service:	
How were grant funds spent? Please co	omplete the attached 'Financial Statement from Previous Year' form.
CURRENT YEAR FUNDING REQUE	EST
Amount requested: \$	
Describe your project/event/service:	
How will grant funds be spent? Please a	also complete the attached 'Budget Projections for Current Year' form.
Describe your organization and how its	s efforts do/might benefit the community:
How many participants do you expect:	from Anmore: from outside Anmore:
How will the Village be recognized for	its contributions?
Identify any long term objectives or go	als that the organization is working toward
Please provide additional information o	on separate paper.

BUDGET PROJECTIONS FOR CURRENT YEAR

Attach to Community Grant Application

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Other Grant Monies	\$	Contributor:	
Provincial/Federal Monies	\$		
Participant Fees	\$		
Donations	\$		
Fund Raising	\$		
Other:	\$		
	\$		
	\$		
Total	\$		
EXPENSES			
Venue Rental	\$		
Advertising	\$		
Speakers	\$		
Meals	\$		
Refreshments	\$		
Equipment Rental	\$		
Equipment Purchase	\$		
Other:	\$		
	\$		
	\$		
Total	\$		
PROFIT / SHORTFALL			
Revenue less expenses	\$		
FISCAL YEAR-END RESERVE BAL	ANCE:		
Description	A	¢	
Description:	Amount Amount	२ :: \$	
	Amount	: \$	
To the best of my knowledge, the ab	ove statements are tr	rue as of the date of this application.	
Signature	Signature	e	
Organization's Applicant	Organization's President or Chair		



FINANCIAL STATEMENT FROM PREVIOUS YEAR

Attach to Community Grant Application

REVENUE

Other Grant Monies	\$	Contributor:	
Provincial/Federal Monies	\$		
Participant Fees	\$		
Donations	\$		
Fund Raising	\$		
Other:	\$		
	\$		
	\$	<u></u>	
Total	\$		
EXPENSES			
Venue Rental	\$		
Advertising	\$		
Speakers	\$		
Meals	\$		
Refreshments	\$		
Equipment Rental	\$		
Equipment Purchase	\$		
Other:	\$		
	\$		
	\$		
Total	\$		
PROFIT / SHORTFALL			
Revenue less expenses	\$		
FISCAL YEAR-END RESERVE BAL	ANCE:		
5			
Description:	Amount: Amount:		
	Amount:		
To the best of my knowledge, the ab	ove statements are tru	ue as of the date of this application.	
Signature	Signature		
Organization's Applicant	Organization's President or Chair		

