

GRANTS TO GROUPS APPLICATION

MAILING ADDRESS		
CONTACT NAME		
CONTACT PHONE		CONTACT EMAIL
AMOUNT OF GRANT REQUESTED		
LIST OF OTHER AGENCIES APPLIED TO		
PRIOR YEAR GRANT RECEIVED? YES / NO	YEAR	LAST GRANT RECEIVED
NAME OF REPRESENTATIVE		SIGNATURE OF REPRESENTATIVE
ORTING INFORMATION		
PORTING INFORMATION How will the money be spent? (A		s showing budget if necessary)
		s showing budget if necessary)
		s showing budget if necessary)
		s showing budget if necessary)
		s showing budget if necessary)
		s showing budget if necessary)



How will the grant assist Council in achieving its objectives? (Attac	un auuntionai p	Jages II Hecessary)	
What is the anticipated benefit to the Harrison community? (Attac	ch additional _I	pages if necessary)	
FOR OFFICE USE			
Grant Application Received	DATE		
Financial Statements Attached	Yes / No	For What Year	
Budget attached	Yes / No	For What Year	
Prior Year Grant Funding Report Received by January 31	Yes / No		

DATE

DATE

Yes / No

Grant Approved

SIGNATURE: