



COMMUNITY LOTTERY FUND

For office use only

Moved by _____	Application Date _____	CHECKLIST
Seconded by _____	Granting Date _____	Current List of Directors _____
Opposed _____	Motion No. _____	Income/Expense Stm. _____
Extended Date _____		Complete Project Budget _____
		Letters of Support _____
Amount Funded	<input type="text"/>	

1. **Name of group/organization/individual** _____

Mailing address _____

2. **Executive:** Attach a current list of executive and directors

President

Secretary/Treasurer

Name _____

Name _____

Address _____

Address _____

Phone No. _____

Phone No. _____

Fax No. _____

Fax No. _____

E-mail _____

E-mail _____

3. **General Information:**

Number of Members _____

Is the organization registered with Societies? Yes ___ No ___

Is the organization registered with a Governing Body? Yes ___ No ___

Governing Body _____

4. **Project Details:** (please check one)

Sports _____ Community Development _____ Cultural _____

Project Name _____

Project Contact Person _____ Phone No. _____

Cheque payable to: Group _____ or

Individual _____

Funding Request Breakdown:

(Please refer to Funding Guidelines)

Funds Requested

Priority (1=highest)

Travel _____

Accommodations _____

Registration Fees _____

Contractor fees _____

Equipment non-personal _____

Equipment Safety _____

Other specify _____

5. For each application attach:

- Project description (maximum 2 pages)
- Project Budget (complete page 3)
- Most recent annual Income/Expense Statement (of organization)
- If applicable letters of support from Governing Authority, Building or landowner
- List of current executives and board members

NOTE: If financial statement shows a significant surplus, please indicate the designated use of these funds.

Application Project Budget

INCOME

Fund Raising (specify) _____	\$	
Donations/Contribution _____		
Membership Fees _____		
Community Club Grant Application Funds _____		
Grants from Other Sources _____ (List all applied for or that will be applied for)		

Total Project Income		

EXPENSES

Please provide details for each expense item for which you are requesting funding

	\$ Total budget estimates	\$ Funding request
Travel (vehicle _____ km) _____		
Travel (other) specify _____		
Meals/Accommodation _____		
Registration fee _____		
Contractor fees _____		
Equipment (non personal)** _____		
Equipment (safety)** _____		
Supplies and materials** _____		
Other _____		
Totals _____		

