



**CLEAR HILLS COUNTY**  
**BEYOND BORDERS GRANT APPLICATION FORM**

<b>Applicant Name:</b>
<b>Contact Person:</b>
<b>Address:</b>
<b>Phone Number:</b>
<b>Email Address:</b>

**List of Executives:**

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**Project Cost excluding G.S.T.:**

<b>\$</b>
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**Project Budget Breakdown:**

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**Provide a detailed description of the project:**

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**Describe how this project would enhance the County and benefit its residents:**

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**Has your organization completed any fundraising or received funding from other sources for this project? Please explain:**

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**Has your organization received funding from the County in the past five years? Please list.**

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**Has your organization been denied funding by the County in the past? Please explain:**

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**Print Name**

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**Signature**

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**Date**

**Checklist:**

- I have provided our prior year financial statement.
- I have provided a financial report from the current period.
- I have provided current project quotes.
- I have included pictures (if applicable).
- I have provided a copy of our Certificate of Incorporation under the Societies Act.
- I have completed the application and answered all the questions.
- The application has been signed by an authorized signatory for our organization.

**Application forms that are incomplete or missing the required information and attachments will be returned.**