

## CLEAR HILLS COUNTY GENERAL GRANT APPLICATION FORM

Applicant Name:			
Contact Person:			
Address:			
Phone Number:			
Email Address:			
List of Executives:			
Project Cost excluding G.S.T.:			
\$			
Project Budget Breakdown:			
Provide a detailed description of the project:			
Describe how this project would enhance the County and benefit its residents:			
Has your organization completed any fundraising or received funding from other sources for this project? Please explain:			
Has your organization received funding from the County in the past five years? Please list.			
Has your organization been denied funding by the County in the past? Please explain:			



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Print Name		Signature	
Date			
Chec	klist:		
	I have provided our prior year financia	al statement.	
	I have provided a financial report from the current period.		
	I have provided project quotes.		
	I have included pictures (if applicable)	).	
	I have provided a copy of our Certifica	ate of Incorporation under the Societies Act.	
	I have completed the application and	answered all the questions.	
	The application has been signed by a	n authorized signatory for our organization.	
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Application forms that are incomplete or missing the required information and attachments will be returned.