



Municipal Grant or In-Kind Donation Application
RM of Edenwold No.158

Organization Applying: _____

Address: _____

Contact Person(s): _____

Position(s) with Organization: _____

Contact Email: _____

Is your group based in the RM of Edenwold No.158? [] Yes [] No

Is your group a registered charitable organization or not-for-profit? [] Yes [] No

If yes, provide registration number: _____

How many years has your group been in operation? _____

What services does your group provide to RM residents of the RM? _____

What type of donation are you requesting? [] Monetary Donation [] In-Kind Grant

Grant amount requested: _____

Total estimated project costs: _____

Estimated Project Completion Date: _____

How will the grant amount be used? Please provide a detailed description of the project and how participants will benefit. _____

Applicant Name: _____ Date of Application: _____

Applicant Signature: _____

Office Use - Date Accepted: _____ Status/Amount Granted: _____