



Municipal Grant or In-Kind Donation Application

Spring/Summer Application Deadline: February 28th

Fall/Winter Application Deadline: August 31st

Organization Applying: _____

Mailing Address: _____

Contact Person(s): _____

Position(s) with Organization: _____

Phone: _____

Email: _____

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

Is your group a registered charitable organization, non-profit or other? Please check one.

☐ Charitable Organization

☐ Non-Profit

☐ OTHER, please explain: _____

How many years has your group been in operation? _____

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

What type of donation are you requesting? ☐ Monetary ☐ In-Kind

Grant amount requested: \$ _____

Total estimated project costs \$ _____

Estimated project completion date: _____

How will the grant be used? Please describe the project and its benefits for participants below or in an attachment.

APPLICANT NAME (PRINT)

APPLICATION DATE

APPLICANT SIGNATURE