

County of Wetaskiwin No. 10 Family and Community Support Services Grant Application

Name of group/organization: _____

Mailing address, including Postal Code (cheque will be mailed to this address)

P.O. Box R.R. Town

Province Postal Code

Project Contact Person: _____

Phone Number: _____

Please provide a brief (one sentence) description of the project or program for which the funding is requested: _____

Location of project or program: _____

Project start date: _____

Project completion date: _____

Total project cost: _____

Grant amount requested: _____

>Please attach a detailed description of the project for which the funding is requested and an indication of how this project will benefit the community.

>Please indicate the number of County residents that will benefit from this funding:

Please ensure that you forward a complete project budget including all revenues and expenses with your funding request.

Date Submitted: _____

Signature of Applicant: _____

Position : _____