



*Established in 1987 for the good of the
Glenboro area*

Box 147, Glenboro, MB RoK oXo

The Glenboro Area Foundation Inc. – Grant Application

Name of Applicant and/or Organization _____

Address _____

Postal Code _____

Phone numbers _____ residence _____ cellular

Year Organization Was Established _____ Number of Employees/Members _____

Revenue Canada Charitable Donation Number _____

Grant Request

Project Description:

Amount Requested _____ When are funds required _____

Approximation Entire Cost of the Project _____

Other Sources of Revenue to be Used

Has Your Board Authorized This Grant Application _____ If so When _____

Duration of Project _____ Start Date _____

Contact Name _____ Phone Numbers _____

Email _____

Please submit application to the above address by December 31st. The Glenboro Area Foundation thanks you for your interest in this Community Grant.

Signature

Date