



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

Box 147, Glenboro, MB R0K 0X0

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**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  
of 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 **with financial statement** to the above address, or  
glenborofoundation@gmail.com, by December 31<sup>st</sup>. The Glenboro Area Foundation thanks you for your  
interest in this Community Grant.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

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