The Corporation of the Town of Cochrane
171 Fourth Avenue;, Box 490
Cochrane, Ontario
P0L 1C0
Phone: (705) 272-4361
Fax: (705) 272-6068

FINANCIAL CONTRIBUTIONS TO ORGANIZATIONS APPLICATION FORM

GENERAL INFORMATION: (Please Print Clearly)

Organization Name:

Mailing Address: _____ Postal Code: _____

Contact Person: _____ Position: _____

Phone: (day) _____ (evening) _____ (fax) _____

Brief Description of Services Offered by Your Organization:

_____
_____
_____
_____
_____
_____

Outline how the Cochrane community benefits from your organization's activities and / or who makes use of your services.

_____
_____
_____
_____
_____

Officers for Current Year:

Position	Name	Phone
President		(home): (business): (email):
Secretary		(home): (business): (email):
Treasurer		(home): (business): (email):

FUNDING REQUEST:

1. Amount of Funding Being Requested (Maximum - $250.00): $
2. Type of Funding Requested: Seed ___ Project _____ Operating _____ Emergency
   (See Clause C – Funding Available – i – iv)
3. Explain how requested funds will be utilized.

4. Outline why the requested funds are needed to support your organization's endeavours outlined in #3 above.

5. Please list all other sources of revenue your organization realizes on an annual basis. Examples include membership fees, donations, fundraising activities, other grants, etc.

Please provide any additional comments you feel are pertinent to your request.

FOR OFFICE USE ONLY		
Application Received:	Approved / Denied:	Amount:
Comments:		Date: