

2025 GRANT APPLICATION FORM

Name of Organization & Charitable Status Number	
Mailing Address	
Phone	
Email	
Contact Person	
Project Title	

Organization Type	Grant Request	
Social Support	Amount Requested	\$
Cultural/Recreational		

Most Significant Sources of Revenue	\$ Amount	% of Total Revenue
Fundraising	\$	%
Provincial Government	\$	%
Federal Government	\$	%
Other (Please Specify)	\$	%
Total Annual Expense	\$	
Surplus Position as of (Date):	\$	(___ / ___ / ___)
<i>Restricted</i>	\$	<i>Unrestricted</i>
		\$

****The Grants Review Committee will not provide Grants for Capital or Maintenance Projects****

1) Please provide details for use of this year's proposed funding:

2) Please provide a summary of what your organization does and how it benefits our community and its citizens:

3) If applicable, please provide a summary of how last year's Municipal grant was used:

4) Will the project move forward without grant funding?

YES NO

**SUBMIT APPLICATION AND REQUIRED DOCUMENTS TO THE FOLLOWING
BY DECEMBER 31, 2024**

The Town of The Pas | Box 870, 81 Edwards Ave. | The Pas MB R9A 1K8 | info@townofthepas.ca

The personal information is being collected by the Town of The Pas for the purpose of enabling the Grants Review Committee to review Grant Applications and to achieve any other purpose to which you have given your consent. It is protected by the Protection of Privacy provisions of the Freedom of Information and Protection of Privacy Act and the Town of The Pas' Policies and Procedures. If you have any questions about the collection of this information or to make application under the Act, please contact us at info@townofthepas.ca.