Community Grant Application

Please complete all sections of this application. Incomplete applications may not be considered. Supporting documentation listed in the Attachments section must be submitted with your application.

Organization Information Section:

Organization Name:	
CRA Number: (If Applicable)	
Mailing Address:	
Phone Number :	
Contact Name:	
Project Name:	
Amount Requested:	

Organization Overview:

Project Description

Community Benefits and Outcomes

Impact and Budget Declaration Section:

Annual Operating Budget:		Project Budget:	

Has your organization previously received funding from the Town of The Pas?

	Yes		No

Attachments Section:

	Financial Statement
	Annual Operating Budget
	Project Budget and/or Quotes
	Supporting Documents

Disclaimer and Signature Section:

I certify that my answers are true and complete to the best of my knowledge.

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that the provision of false, inaccurate, or misleading information may result in the denial, withdrawal, or repayment of grant funds.

Signature: _____ Date: _____