

St. Saviour's Community Legacy Fund

Application for Grant

TITLE OF PROJECT:	
MAILING ADDRESS:	
TELEPHONE: ()	E-MAIL
LOCATION OF PROJECT:	
DATE PROJECT IS TO BEGIN:	
DATE PROJECT IS TO BE COMPLETED:	
 What will the project of th	application: fits our community, or persons in our community? do? What issues or opportunities will be addressed? directly benefit from the project and who are they? e evaluated and how will you know if it has been successful? I the project take place? clementing the project? ct is important to the community. nization is best suited to deliver the project?
SUMMARY OF RESOURCES: Please su of funding. Total budget of the project	mmarize total fund raising objectives and other confirmed sources \$
Other grants	\$
Local funds	\$
Donations	\$
Other (Please specify)	\$
Amount of grant requested	\$
WHEN WOULD THE GRANT BE NEEDED	0?
Attach letters of support or other docu	uments in support of your application.
DATE:SIGNATU	JRE OF APPLICANT

St. Saviour's Community Legacy Fund Guidelines

- 1. Applications for grants under the Trust must be made in writing to the Legacy Fund Committee in either hard or digital copy.
- 2. The maximum available grant is \$750.00
- 3. If possible, some local contribution of funds for the project will be expected.
- 5. All grant recipients are asked to report on the use of their funds. Funds will be distributed to the applicant for use when work is in progress or completed. Monies not spent after twenty-four (24) months have expired are to be returned to the St. Saviour's Community Legacy Fund.