



The Corporation of
The Village of Burns Lake
It's Only Natural!

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Grant in Aid Application

Date of Application _____

Name of Applicant _____

Name of Sponsoring
Organization _____

Organization Address _____

Event Name _____

Date of Event _____

Purpose of Event _____

Amount Requested _____

Goals and Objectives of the Event or Program:

Benefit to the Community:

Number of Participants _____

Previous Grant-in-Aid Funding Provided:

Amount _____ Year _____ Event _____

Amount _____ Year _____ Event _____

Contact Persons:

Name _____ Position _____

Home Phone _____ Work Phone _____

Name _____ Position _____

Home Phone _____ Work Phone _____

To the best of my knowledge, the above statements are true and accurate as of the date of the application.

Applicant

Sponsoring Organization Official

