

**MOORE COMMUNITY & RECREATIONAL FOUNDATION**

**(MCRF) c/o George Lozon**

**1155 Emily Street**

**Mooretown, ON N0N 1M0**

**Phone: 519-867-2021**

**Fax: 519-867-5509**

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**GRANT REQUEST FORM**

Please complete this form in the spaces provided. Return to the Foundation Office by the grant application deadline.

1. Name of Organization: \_\_\_\_\_

2. Address: \_\_\_\_\_

\_\_\_\_\_

3. Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

4. Registered Charitable Organization Number: \_\_\_\_\_

5. Executive Director/Manager: \_\_\_\_\_

6. Contact Person for this request: \_\_\_\_\_

7. Briefly state mission/goals of your organization: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Briefly describe the project for which you are requesting funds: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Is this a new [ ] or existing [ ] project? \_\_\_\_\_

10. What is the total cost of this project? \_\_\_\_\_

11. What amount of funds are you requesting from MCRF? \_\_\_\_\_

12. Specifically for what will the funds be used? \_\_\_\_\_

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13. When are the funds required? \_\_\_\_\_

14. Benefits to the Community:

(a) Who will benefit? (age, sex, group, etc.)

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(b) How many will benefit? (Number) \_\_\_\_\_

15. Is there any potential to involve other community groups in this project? (i.e. cost sharing, resources sharing, advertising, etc.)

16. Senior Staff Person: \_\_\_\_\_  
*Print Name* *Signature*

Chairperson/Board  
Representative: \_\_\_\_\_  
*Print Name* *Signature*

Date: \_\_\_\_\_

References: \_\_\_\_\_  
\_\_\_\_\_