## COMMUNITY GRANT WRITER INTAKE FORM

Please complete the following form and email to:

kallihopper@gmail.com (506) 850-6329

CONTACT INFORMATION		
Community Group Name:		
Physical Location:		
Mailing Address:	Postal Code:	
Website:	Office Phone:	
Facebook:	Instagram:	
Other:		
CONTACT PERSON #1		
Full Name:	Role/Title:	
Phone:	Email:	
CONTACT PERSON #2		
Full Name:	Role/Title:	
Phone:	Email:	
Year Established/Incorporated:	GST Number:	
Charitable Number:	Governance Structure:	
Society Number:	No. of Employees: FULL-TIME:	PART-TIME:
Tax Exempt Number:	No. of Volunteers:	
COMMUNITY GROUP BIO		
Tell us about your community group by providing an over	view of your purpose, membership,	etc.:
Project Name:		
Project		
Description:		

stimat	ed amount of funding needed (\$):
illabit	grant programs that you've identified for your project:
_	ossible, please provide the Grant Writer with an electronic copy of the following documents to
sist the	m with completing your grant application.
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ist the	em with completing your grant application.  ANT: All documents and information remain confidential to the Grant Writer and DTR.
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ist the	ANT: All documents and information remain confidential to the Grant Writer and DTR.  Names of Committee/Board Members  Strategic Plan
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sist the	ANT: All documents and information remain confidential to the Grant Writer and DTR.  Names of Committee/Board Members  Strategic Plan  Copies of Previous Grant Applications (Successful and Unsuccessful)  Previous year's audited Financial Statement(s)
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