



Rural Municipality of Lac du Bonnet Emergency and Discretionary Grants Application 'C'

Applicant Information

Organization Name

Primary Contact Person

Secondary Contact Person

First Name Last Name

First Name Last Name

Phone Number

Email

Area Code Phone Number

example@example.com

Address

Street Address

City Province

Postal Code

Grant Request Information

Please describe the nature of your organization's emergency/crisis:

Please indicate the amount of funds requested:

Signatures and Conditions

We, the undersigned, agree that the information contained within this application is accurate and complete. If we/our organization receive funding support from the RM of Lac du Bonnet, we agree to the conditions set out below. Authorized Signatures required.

Signature

Date

Signature

Date

Conditions:

- Submission of an application does not guarantee the organization will be awarded all or part of the grant requested.
- If approved, the organization must spend the grant funding on the sole purpose for which it was approved.
- Funding in any one year or over several years is not to be interpreted as a commitment to future years' funding.
- The Rural Municipality may, in its sole discretion, schedule a meeting with an organization to discuss matters related to the submitted application.