Community Living Brandon

# Application for Funding

Please complete the following Application and forward to Community Living ~ Brandon, P.O. Box 20154 South, Brandon MB R7A 6Y8. All applications for funding must be approved at a Board of Directors' meeting. Please note that our Board does not meet in July or August.

Name of Applicant: _____
Contact Person:_____
Address: _____
Phone Number: _____ Email: _____

Amount Request: $ _____

Please describe in detail what the funds requested will be used for and the benefits to be derived: _____
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Is funding for this same request available from government sources such as Social Assistance, Family Services, School Division, etc. ☐ Yes __ ☐ No ☐ Not sure

Have you requested financial support for this same request from other sources? (i.e. Service Clubs, Service Providers, Associations, Marathon, etc.) ☐ Yes ☐ No

If YES, please name:_____
_____
_____

Are you still waiting to hear from any of the above named? ☐ Yes ☐ No

Would you be willing to make a personal presentation at a Board meeting if needed? ☐ Yes ☐ No

Have you ever received funding from our Association in the past? ☐ Yes ☐ No

*Please attach any additional information that you feel would be beneficial to our Board.*