GRANT REQUEST FORM

Date: _____

Name of Organization: _____

Mailing Address: _____

Email Address: _____

Phone Number: _____

Fax Number: _____

$ Amount Requested: _____

Brief Description of Organization and Purpose of Funds: _____

_____

_____

_____

Name: _____

Signature: _____

Return to: Rural Municipality of Cornwallis
Site 500, Box 10, RR5
Brandon, Manitoba
R7A 5Y5

PLEASE RETURN NO LATER THEN FEBRUARY 28TH TO BE CONSIDERED IN THE ANNUAL BUDGET DELIBERATIONS.