

*Please note, Moffat Fund grants cannot be donated back to the Town of Fort Frances for departments, programming, fundraising.*

Organization: \_\_\_\_\_ Date of Application: \_\_\_\_\_  
(mm/dd/yyyy)

Cheque made payable to: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town(ship): \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Website: \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Charitable Registration #: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Alternate Contact (if applicable): \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Has the organization received this grant in the last five years?  Yes  No

If "Yes", did you return your final report to the Town of Fort Frances?  Yes  No

Purpose of the Organization *(please only use the space provided)*:

What services are provided by the Organization? (Include target population, geographic area served, and number of people served) *(please only use the space provided)*:

What is the organization's annual operating budget? \$

Who are the major operational funders of the organization? *(please only use the space provided)*:

Have you applied for other funds and grants in the last calendar year?  Yes  No  
 No, but we plan to this calendar year

Dollar amount requested for this project: \$

Project summary (Briefly describe your project) *(please only use the space provided)*:

*This application must be signed by a Member of the Board of Directors of your organization. (Chair/President, Vice-Chair/Vice-President, or Treasurer).*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title