



Aylmer Area Community Foundation
30 Talbot St. E., Aylmer, Ontario N5H 1H4

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www.aylmerfoundation.on.ca

GRANT APPLICATION

Name of Organization: _____

Address: _____

Telephone: _____ Fax: _____

Website: _____ Email: _____

Registered Charitable Number: _____

Contact Person: _____ Title: _____

Telephone: _____ Fax: _____

We certify that this application has been authorized by the Board of Directors.

Chair, Board of Directors: _____ Chief Staff Person: _____

Signature: _____ Signature: _____

Total Organization Budget: _____

Total Cost of Project: _____

Amount Requested from AACF: _____

Project Title: _____

Statement of Project Objective: _____

Location of Project: _____

OFFICE USE

Approval Date: _____ Amount: \$ _____

Cheque Date: _____ Chq#: _____

Grant Category: _____

Grant Type: _____ Fund: _____

Sponsoring Agency: _____

Charitable #: _____ Approval to Pay: _____



