



Grant Application

Group Information

Name of Organization or Individual _____

Address _____

Telephone _____ Email _____

Primary Contact Person _____

Grant Request

Amount Requested _____

Brief description of the project (see below for details that must be provided)

1. What is the purpose of the organization?
2. What services are provided by the organization?
3. How will the requested funds be used for the benefit of the entire organization?
4. What is the annual operational budget?
5. Has the organization received a grant from The Son's of Italy in the last three years? yes no

This application must be signed by the Chairperson, President, or Executive member of the Board of Directors of your organization.

Signature

Title

For Son's of Italy Executive use only

Date Received _____

Board Meeting Date _____

Approved yes no

Amount _____

Comments _____

Mail completed application with attachments to:

Order of Sons of Italy, Garibaldi Lodge
c/o Centro Caboto, 1055 Wilkes Avenue
Winnipeg, Manitoba R3M 0W4