



## 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