



*** Denotes required questions**

Contact First Name*:

Contact Last Name*: _____

Contact Person Title*:

Email Address*:

Phone Number*:

Organization Name*:

Legal Name (if different from Organization Name)*:

Street Address *:

Community or Region Name*:

Province *:

Postal Code*:

Organization Website:

Other Social Media: _____

Registered Charity Number:*

3) What geographic area(s) does your organization support?*

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4) Please describe your organization's mission / mandate.*

5) What is the annual revenue of your organization?*

☐ \$49,999 and under

☐ \$50,000 to \$149,999

☐ \$150,000 to \$499,999

☐ \$500,000 to \$1,499,999

☐ \$1,500,000 to \$4,999,999

☐ \$5,000,000 or more

6) Please explain why you require funds from the Local Emergency Needs Fund and how they will be spent. Which classification from the list provided in the guidelines does this request fall under? *

7) Which populations does your organization currently serve? Please select all that apply from the list provided in the grant guidelines. More details about your chosen category/categories can be provided with your answer.*

8) Which populations does your organization primarily serve?

Choose three populations served from the list provided in the grant guidelines. Rank them from most frequent (1), second most frequent (2), third most frequent (3).*

9) Will you be serving 1 individual through this initiative? If more than one, how many unique individuals do you anticipate serving?*

10) Funding Requested: Total amount requested must not exceed \$500.* (see budget table on page 4)

Budget: Please detail your overall budget for your program in the table provided below.*

Item	Amount

Thank You!