

**KAMLOOPS COMMUNITY FOUNDATION – GRANT APPLICATION**

***Please submit this application and supporting documentation to:***

Kamloops Foundation  
PO Box 15  
Kamloops BC  
V2C 5K3

Name of Organization \_\_\_\_\_

Name of Contact Person \_\_\_\_\_

Address \_\_\_\_\_

BC Society Number \_\_\_\_\_ Federal Charity Number \_\_\_\_\_

Particulars of Sponsoring or "Umbrella" Organization \_\_\_\_\_

Explanation of the Project \_\_\_\_\_

How will the Funds be Used \_\_\_\_\_

Total Funding Requested \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_