



Grant Application

Information

Name of Organization: _____

Contact Person: _____ Title: _____

Address: _____
Street Address *Apartment/Unit #*

City *Province* *ZIP Code*

Phone: _____ Email: _____

Revenue Canada's Registered Charitable #: _____

Project Description

Project Title: _____

Description of Project (Include timeline, purpose and benefit to community. Attach additional pages if necessary):

Grant Amount Requested (\$): _____

Signature: _____ Date: _____

Please Return Completed Applications to Onanole Foundation at:

PO Box 438, Onanole MB, R0J 1N0

or

onanolefdn@gmail.com

Office Use

Date Received: _____ Application #: _____