

Return this completed form to:

Tillotson Coaticook Region Fund
253 Michaud street
Coaticook, QC J1A 1A9
Email: tillotsonfund@bestglove.ca
Fax: 819-849-6120

Application

** The application must be completed in full, including an attached project budget and related quote (no more than one page of supporting information). Incomplete or late applications will not be considered.

Application deadline:

September 6, 2017 (Grant ceremony October 25, 2017)

2017 Grant Application

Date : _____

Your name: _____

Organization name: _____

Organization type: Registered Charity Municipality Nonprofit
 Other (Please specify): _____

Your address: _____

**All correspondence will be sent to the following email: _____

Phone No: (____) _____

Project Name: _____ New Existing

Field (check) : Basic needs and Community safety net
 Health care Programs and services for the Elderly
 Education Youth recreation

Important: the following documents must absolutely accompany this application form:

- 1. Project budget (max 1 page)
- 2. Quotations from suppliers

* *The Tillotson Coaticook Region Fund reserves the right to request additional information for further review. Incomplete or late applications will not be considered.*

** *If you have not submitted receipts and final report for previous grants, this request could be refused.*

Grant Application (continued)

Project Start Date: _____ Project End Date: _____

Total Project Cost: _____ Amount Requested: _____

Indicate the percentage of your total project this request represents: _____

Geographic area served: _____

Estimated Number of Persons Impacted: _____

Purpose of Grant: _____

Signature of an Authorized Agent, for example: Applicant's Head of Organization (Board Chair, Mayor, Superintendent, etc.) *or* Head of Staff (Executive Director, Pastor, Principal, etc.):

Your signature: _____

Print your name: _____

Print your title: _____