

Municipal Grant Application Form – In Kind Labour Assistance

Application Deadline: December 1, 2020

*One application per event

Name of Organization or Individual:	
Address:	
Phone #:	Email:
Contact Name:	
Is your Organization Incorporated as a Non-Profit Organization? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Name of Significant Event: _____

Please specify type of in kind labour assistance required:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Date requested for assistance: _____

Please demonstrate how your event is a significant event for the Town of Pelham:

Signature of Person Signing Application

Print Main Contact Name

Date

