

Office of Recreation, Culture, and Wellness

Municipal Grant Application Form

Name of Organization or Individual:	
Address:	
Phone #:	Email:
Contact Name:	
Is your Organization Incorporated as a Non-Profit Organization?	Yes □ No □
Amount of Grant Funding Requested? \$ Amount of Self Funding? \$ % What will the funds be used for? (Be specific to how request will improve quality of life within Pelham)	
Please provide any other additional information pertinent to your application	
Signature of Person Signing Applica	ation Date

Please return application to Vickie vanRavenswaay (vvanravenswaay@pelham.ca)
Application Deadline: September 1, 2023