



## GRANT APPLICATION - C-FAX SANTAS ANONYMOUS

Name of organization \_\_\_\_\_

Project title \_\_\_\_\_

Amount requested \_\_\_\_\_

Purpose of project  
(50 words or less)

Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ Cellular \_\_\_\_\_

Primary Contact for this project. Name/Title \_\_\_\_\_

Telephone \_\_\_\_\_ e-mail \_\_\_\_\_

Programme Information (select one)  Public School  Faith Based  Non Profit  
 Other (explain) \_\_\_\_\_

Age of group who will benefit from this grant \_\_\_\_\_

**Proposal Check List.** All of the following narrative must accompany this cover sheet and be delivered to C-FAX Santas Anonymous, 1420 Broad St, Victoria. V8W 2B1  
(1) Organization's mission, (2) Organization's History (3) Goals of Project  
(4) Demonstration of need (5) Time line of implementation (6) Budget- include competitive quotes where relevant (7) Have you applied to any other organizations?

Authorized signature \_\_\_\_\_

Date \_\_\_\_\_