

Municipal of the District of St. Mary's
District Grants - Funding Application Form



Organization Name: _____

Date: _____

Mailing Address: _____

Contact Person: _____

Phone: _____

Email: _____

Which Councillor or District are you requesting a grant from? _____

Amount Requested: _____

Describe how the grant contribution will be used: _____

Name

Title/Position

Signature

Date

Completed evaluation forms can be submitted to the Councillor from whom you are requesting the grant or sent to Marian Fraser, Director of Finance

Mail or in person:
8296 Highway 7, PO Box 296
Sherbrooke, NS B0J 3C0

For Office Use Only

Approved by (Councillor Signature): _____

Amount Approved: _____