

Partner Grant Program Application Form

| Organization Name | | | | | | |
|--|--|--|--|--|--|--|
| Contact Person's Name | | | | | | |
| | | | | | | |
| Organization's Address, City, Postal Code | | | | | | |
| Email Address | | | | | | |
| | | | | | | |
| Project Description | | | | | | |
| Proposal Name: | | | | | | |
| Provide a description of your proposal: | | | | | | |
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| Identify the objectives, expected social or environmental results and who will benefit from your | | | | | | |
| proposal, specifically magnified by the current pandemic: | | | | | | |
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| Amount of Grant Requested (max \$2,000) | \$ | | | | | |
|--|------------------|-------------------------|--------------|---------------|--------------------|-------|
| Total Anticipated Cost of Proposal | \$ | | | | | |
| | | | | | | |
| What will the requested funds (grant) be spent on? | <u> </u> | | | | | |
| | | Amount | | | | |
| Expenditure Description | | | | | | |
| | | \$ | | | | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total Expenditures | \$ | | | | | |
| | | | | | | |
| A | f | | YES | | NO | |
| Are you expecting to receive funding for this proposal from other sources? | | | | | NO | |
| If yes, indicate the organization and the amount of | funding | | | | | |
| Name: | | | \$ | | | |
| | | | | | | |
| For additional information, please contact Krista Kue | hnhaum: | at kkuehnhaumi | തല്പ്പ | r ca 90 | 05 407 | 4262 |
| Tor additional information, piease contact krista kac | , i i i baai i i | at <u>kkaciiibaaiii</u> | <u>wence</u> | <u>a</u> , 50 | JJ 4 07 | 7202. |
| If our application is approved, we understand that w | e will be i | required to com | plete a | a final | report | when |
| the initiative is completed or by September 30 th 202 | | • | • | | • | |
| | _, | | | | | |
| | | | | | | |
| Ath. auti-and Office. | | Date | | | | _ |
| Authorized Officer | | | | | | |
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| Return to by June 15, 2020: | | | | | | |
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Krista Kuehnbaum
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ELFEC
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ON N2H 3Z3