



Partner Grant Program  
Application Form

Organization Name	
Contact Person's Name	
Organization's Address, City, Postal Code	
Email Address	
Sponsored Application? Yes / No If yes, please provide Synod is sponsoring application and contact name.	

**Project Description**

Proposal Name:	
Provide a description of your proposal:	
Identify the objectives, expected social or environmental results and who will benefit from your proposal:	

Amount of Grant Requested (max \$3,000)	\$
Total Anticipated Cost of Proposal	\$

What will the requested funds (grant) be spent on?	
Expenditure Description	Amount
	\$
Total Expenditures	\$

Are you expecting to receive funding for this proposal from other sources?	YES		NO	
If yes, indicate the organization and the amount of funding				
Name:	\$			

For additional information, please contact Krista Kuehnbaum at [kkuehnbaum@elfec.ca](mailto:kkuehnbaum@elfec.ca), 905 407 4262.

If our application is approved, we understand that we will be required to complete a final report when the initiative is completed or by September 30<sup>th</sup> 2023, whichever comes first.

---

Authorized Officer
Date

**Return to by June 30, 2022:**

Krista Kuehnbaum  
[kkuehnbaum@elfec.ca](mailto:kkuehnbaum@elfec.ca),

or mail to:

ELFEC  
74 Weber Street West  
Kitchener, ON N2H 3Z3