

Partner Grant Program

Application Form

|  |  |
| --- | --- |
| Organization Name |  |
| Contact Person’s Name |  |
| Organization’s Address, City, Postal Code |  |
| Email Address |  |
| Sponsored Application? Yes / NoIf 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, 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 30th 2024, whichever comes first.

Authorized Officer Date

**Return to by July 31, 2023:**

Krista Kuehnbaum

kkuehnbaum@elfec.ca,