



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, 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,