



R.M. OF NORTH BATTLEFORD NO. 437
2024-2025 COMMUNITY GRANT APPLICATION

Name of Community Group:

Address:

Contact Name and Phone Number:

Which of the following categories would you consider your project:

SPORT

CULTURE

RECREATION

Project Date(s):

Project Description:

Is this project aimed at increasing participation in any under-represented populations?

Yes

No

Proposed Revenues:	Dollar Amount:
	\$
	\$
	\$
TOTAL	\$



Proposed Expenditures:	Dollar Amount:
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL	\$

TOTAL PROJECT ESTIMATED COSTS	\$
GRANT AMOUNT REQUESTED:	\$

Signature: _____ Date: _____
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