



The National Day for Truth & Reconciliation Community Event Fund Application

Section 1 – Applicant Information

Organization Name: _____

Organization Contact Information:

Name of Contact Person: _____

Contact #: _____

Email: _____

Organizational Address: _____

Brief Summary of Organization:

Section 2: Event Details

Event Location: _____

Description of Event:

Number of People Expected to Attend: _____



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Estimated Budget & Breakdown:

Schedule of Events (tentative or draft schedule is acceptable):

Section 3: Required Signatures

Signature of Applicant: _____

Position within Organization: _____

Date: _____



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Section 4: Office Use Only

Total budget requested: \$ _____

Payable To: _____

Organizational Address: _____

Approved: yes no

Approved By (please print): _____

Verified By (please print): _____

Signatures:

Approved By:	Verified By: