

BRIAN TODD MEMORIAL COMMUNITY FUND

Community Grant APPLICATION

Brian Todd
Memorial
Community
Fund

Organization Details

Organization Name: _____

Organization Address: _____

Charitable Registration # (if applicable): _____

Contact Name: _____ Phone: _____

Contact Email: _____

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Organization Mission

Describe the organization (What does organization do? Who does it help?):

.....

Project Description

Background/Origin

How will your project address the goals of the Brian Todd Memorial Community Fund?

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Volunteers

How many volunteers does your organization use in providing your services to the community?

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Total Project Cost & Financing

List all estimated expenses.

Note: For high value purchases of materials or products, it is advisable to provide at least two quotations.

List all estimated revenue sources.

(leveraged projects are preferred)

Projected Project Cost (total): \$_____

Funding Requested from BTMCF: \$_____

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Signature: _____ **Date:** _____

Please send completed application to:

BRIAN TODD MEMORIAL COMMUNITY FUND Grants Committee, P.O. Box 687, Brighton, ON, K0K 1H0

by March 31, 2026

NOTE: electronic applications will NOT be accepted