



Date: _____

Kinsmen Club of the Pas

324 Ross Ave, Box 1205 The Pas MB R9A 1L2

Assistance Application

Applicant name: _____

Organization name: _____

Contact person: _____ Position: _____

Preferred method of contact:

PH: _____

Email: _____

Mail (address): _____

Project name or description: _____

Total expected costs of project: _____

Type of assistance required, eg. Donation, non-monetary: _____

Requested amount: _____

Date assistance required: _____

Have you approached any other organizations for assistance? Can you please provide details of expected support from other organizations:

Would you be willing to to make a presentation to the club? Y / N

Declaration:

- * The information contained in this application is true, accurate, and endorsed by the above organization
- * The project will benefit the community of the Pas and area
- * Any funds awarded will be used solely for the purposes stated above
- * The contribution will be recognized.

Signature

** Bring to a meeting, give it to a Kinsmen member, or mail to address above.*

**Please attach pertinent financial information, including a budget if requesting funds*