Rainy **R**iver **V**alley **S**afety **C**oalition
P.O. Box 124 Fort Frances, ON P9A 3M5
807 274-3261 ext: 4500 Fax 807-274 2898

FUNDING REQUEST FORM

1. What is the name of the Activity? _____
2. Date of Program/event/activity? _____
3. Location of Program/event/activity? _____
4. Number of participants? _____
5. Who is your target group? _____
6. What kind of benefits are you projecting? _____
   _____
7. Is there any other organization/group/government agency etc., contributing to your program/event/activity? _____
   _____
8. How do you see your group participating in our fund raising efforts? _____
   _____
9. What is planned for your program/event/activity? _____
   _____
   _____
10. How will the program/event/activity be delivered? _____
    _____
11. Is this a new program or an extension of an existing program? _____
    _____
12. Describe any past success if applicable? _____
    _____
13. Have there been any previous requests for funding from the Rainy River Valley Safety Coalition? If so when? How much?_____
    _____
14. How are you going to know if the program/event/activity was successful? How are you going to measure/evaluate the activity? _____
    _____

Together we can make our District the safest place to life, learn, work and play!

15. How much funding are you requesting? _____

16. Is this a one-time activity or will it require on going funding? If so how, where will this funding come from?_____
_____

17. If there are any profits from your program/event/activity, what happens to this profit?
_____
_____

Program and Financial Evaluations are mandatory upon request of the Rainy River Valley Safety Coalition Board of Directors.

The Rainy River Valley Safety Coalition Board of Directors may request a presentation if further information is needed on your program/activity/event.

Name of contact person: _____

Telephone # of Contact Person: _____

Address: _____