



# Rainy River Valley Safety Coalition

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? \_\_\_\_\_  
\_\_\_\_\_

Together, we can make our District the safest to work, live, and play!



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14. How are you going to know if the program/event/activity was successful? How are you going to measure/evaluate the activity? \_\_\_\_\_  
\_\_\_\_\_
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: \_\_\_\_\_

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