

Community Living Parry Sound

Application for Community Inclusion Fund

Name of Applicant

Last Name	First Name	Initial	Date of Request (d, m, y)
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Date of Birth (d, m, y)	Telephone Number
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Address: Street and Number (P.O. Box)	City	Postal Code
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E-mail address: _____

Have you previously applied to the Community Living Parry Sound's Community Inclusion Fund?

Circle One: Yes No

If yes,

How much was received: _____

What was the funding used for: _____

Name of person assisting the person with the request (if applicable)

Last Name	First Name	Program area
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Requests and Goals: (please give a brief explanation of why you are requesting funding)

Please answer the following questions:

What is the total cost of the item you wish to purchase or activity you wish to participate in? _____

What is the amount you are requesting from the committee? _____

What efforts have you made to contribute to this expense?

Office use only:

Date received:

Application approved:

Application Denied:

Follow-up:

Please ensure that Consent for Release of Information forms are completed for any anticipated follow-up.