



**Burns Lake Community Forest LTD.**

**If applying for Funding Requests up to \$10,000, please complete this page of the Application only.**

*Funding Request for over \$10,000 goes to the FULL board of directors for consideration and the entire application form must be completed.*

Contact Name:		Date of Application:	
Contact Phone/Email:		Name of Organization/Team applying for Grant:	
Grant Payable to:  Mailing Address:		How many group/team members involved? (including parents if for team)  Is the Group/Team, Representative willing to be available for a cheque presentation photo:	
<b>Donations Criteria:</b> Groups/Teams within the Lakes Timber Supply Area (Please check the box which applies to your organization)	<input type="radio"/> Local Education: High School Scholarships	<input type="radio"/> Service Clubs	<input type="radio"/> Outdoor Recreation
	<input type="radio"/> Recreation Facilities	<input type="radio"/> Sporting Teams & Events	<input type="radio"/> Not for Profit Organization/Group
<b><i>*Please note, BLCOMFOR does not support applications requesting for individual support</i></b>			
<b>TOTAL PROJECT VALUE</b>		<b>TOTAL FUNDS REQUESTED FROM BLCOMFOR</b>	
<b>Project Partners &amp; other funding partners:</b>			
<b>Partner:</b>	<b>Contribution Amount:</b>	<b>Confirmed</b>	<b>Requested</b>
<b>TOTAL FUNDS RAISED TO DATE FROM OTHER PROVIDERS</b> \$ _____			
Have you applied for funding to BLCOMFOR before? If yes, on behalf of which groups?			
If this request is for an event, how many are anticipated to be from the Burns Lake Community?			



## Burns Lake Community Forest LTD.

**\*\* If you are applying for funding over \$10,000, please complete the rest of this application.**

**Project Title:**

**Who will benefit from this project?** Please also include Letters of Support from who you list here.

**Project Summary with start date & date of completion:**

**Project Goals:**

**Please provide quotes on costs of the project:** Please attach quotes from who you list here.

Company/Business	Description of Service	Quoted Price

**If this Application is regarding community infrastructure, please provide relevant photos, maps, proof of ownership for properties.**

### For Office Use Only

Date Received:

Application Complete: Y/N

Supporting Documents attached? Y/N

Approved: \_\_\_\_\_ Not Approved: \_\_\_\_\_