



C.C.U.B.

Doukhobors Of Canada, CCUB Trust Fund
Box 99, Verigin, Sask. S0A 4H0

Attention: Linda Osachoff

Application for Grant Assistance

1. Please Supply the Name of Organization Making Application for Grant Purpose:

Name:.....

Address:.....

Postal Code:.....

Contact Person

Name:.....

Address:

Postal Code:.....

Tel: (Bus):..... Res:..... Cell:.....

e-mail address:.....

2. Name of Project (if any):.....

Location of Project:.....

Start Date:.....

Expected Completion Date:.....

3. Total cost of Project \$.....

Available monies towards cost of Project \$.....
Amount of Grant requested: \$.....

1/3

Please give a breakdown of associated project costs for the project:

Volunteer Labour costs:..... hours x \$ rate \$.....
Professional Labour costs:..... hours x \$ rate \$.....
Material costs: \$.....

4. Please explain in what way this project will contribute to establishing and maintaining the Doukhobor culture and Heritage:

5. Describe the Project: *Please give all the necessary details of this project:*

6. Please provide a projected budget as was presented to your organization for ratification:

2/3

7. **Authorization:** This application has been approved by applying organization and is submitted on their behalf by:

1) Print Name:.....Position

Signature;

Please note, this must be an executive member of the organization.

2) Print Name:.....

Signature;.....

No. 2 may be any other member of the organization.

-----All successful applications must have a final report filled with the board by May 31st of the following year.-----

*******Applications for Grants are to be filed by May 31st of applying year*******

Note: Signatures must be original and not mechanically reproduced.

******* All three pages of grant application must be completed*******

Date:.....

For CCUB Trust Fund Board use only:

Date application was received:

Application received by: