

**Detailed Project Budget:**

Project Revenue (Sources of Funding)	Amount	Confirmed	Anticipated
a) Government Funding	\$	\$	\$
Federal	\$	\$	\$
Provincial	\$	\$	\$
Municipal	\$	\$	\$
b) Your Group/Organization Funds	\$	\$	\$
c) Other Sources of Funding:			
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
d) In-Kind Contributions	\$	\$	\$
Donated Labour/Equipment Please Specify:	\$	\$	\$
e) LIC FUNDS	\$	\$	\$
<b>Total Sources of Funding</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

**Amount requested from LIC Funding \$** \_\_\_\_\_

(Total Project Costs must equal Total Sources of Funding)

**Total Project Costs:**

Project Costs (Please List)	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
<b>Total Project Costs</b>	<b>\$</b>

Has your organization previously applied and received LIC funding?

Yes  No

If yes, describe what project/activity was funded. (year, project type, etc.)

\_\_\_\_\_

\_\_\_\_\_

**Please provide a brief outline of your project:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Application from a Municipality or First Nation:**  
Please attach a resolution from the municipal council or band council formally requesting funds from Greenstone Economic Development Corporation's Local Initiative Contribution to assist with this project.

**Will this project create or sustain employment?** Yes  No   
How many jobs will be created: \_\_\_\_\_ How many jobs will be sustained: \_\_\_\_\_

**What resources are being committed to this project by your group/organization and/or other partnering organizations and levels of government?** (Include: time, skills, talent, contributions, etc. Please be as specific as possible)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**What specific methods will your group/organization use to ensure objectives are met and to measure the success of this project?**

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**How will you acknowledge GEDC's contribution if funding is received?**

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**How will this project compliment the needs of your community/region, and what economic benefits does the project bring to the region?**

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**Partners Involved** (please list):

**Volunteer Hours** (estimated): \_\_\_\_\_

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**Information on your CED Activity**

Project Title/Name: \_\_\_\_\_  
Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_  
Project Location: \_\_\_\_\_

**Community, Group or Organization Requesting Funding:**

Group Name _____	Contact Person: _____
Address: _____	Title/Position: _____
_____	Tel/Work: _____
Town: _____	Tel/Home: _____
Postal Code: _____	Fax: _____
Website: _____	Email: _____

**Is your organization incorporated?** Yes  No

Incorporation Number: \_\_\_\_\_

**Briefly describe your organization's mandate and activities:**

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**Office Use Only**

Funding Requested: \$ \_\_\_\_\_ Date Received: \_\_\_\_\_