

**COMMUNITY ECONOMIC DEVELOPMENT FUNDING**

**APPLICATION FORM**

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| **Organization****Name:**  |
| **Address:**  |
| **Contact Name:**  | **Position:**  |
| **Contact Email:**  | **Phone:**  |
| **Project Name:**  |
| **Project Location:**  |

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| **Purpose and Outcomes: How will the project support local economic development (e.g job creation, visitor attraction, business investment)? (max. 100 words)** |
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| **Proposed Start Date (yyyy/mm/dd)**  | **Proposed Completion Date (yyyy/mm/dd)**  |

**Project Description: (max. 100 words)**

**Brief Organization History: What is your organization’s capacity to achieve success? How will you know the project was successful? (max. 100 words)**

**Who will benefit from your project? What community need is the project fulfilling? (max. 100 words)**

**Partners involved: Will the KLCFDC funding allow you to secure additional funds from other sources? Please name who they may be and what support they are providing. (max. 100 words)**

**The KLCFDC does not provide on-going funding. In future, how will you continue with this project. (max. 100 words)**

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| **Date:** | **Authorized Signature – Docusign signature or electronic signature preferred to** **vkillen@klcfdc.com** |
| **Signature 1 :** |  |

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| **Office Use Only** |
| **Date Received:** | **Date Approved:** |

**Supporting documents:**

* **completed application**
* **project timeline, marketing details, budget**
* **list of governing directors (if applicable)**