

**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**](mailto: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)**