



## GABRIOLA LIONS FUNDING APPLICATION

Name of organization \_\_\_\_\_

Contact person \_\_\_\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_

Number of members/people served \_\_\_\_\_

Primary funding source \_\_\_\_\_

What is the funding for? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Why is the funding needed? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

When is the funding needed? \_\_\_\_\_

Amount of request? \_\_\_\_\_

Have you applied to/received funding from any other source for this project?

\_\_\_\_\_  
\_\_\_\_\_

What is your organization contributing to the project? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please attach any additional information re: your organization, project objective, need, activities, budget and project outcomes that may assist us reviewing your request.

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