

HOME TREASURES

Treasures for your Home Society (Cochrane Home Treasures)

APPLICATION REQUEST FOR FUNDING

We prioritize the needs of Cochrane but also donate to groups and individuals from adjacent areas when the need arises.

Date _____

Name of Organization _____

Contact Person _____ Title _____

Mailing Address _____

Email Address _____ Phone number _____

If this funding request is for an individual, do we have permission to send the applicants contact information to FCSS for support? Please check one: YES NO

AMOUNT REQUESTED \$

Describe your Organization _____

Explain your request, taking into account the purpose, dates and who will benefit.

If you have any quotes or papers to document your request, please include them.

Have you requested funds for this project from any other sources?
This will not impact your request:

YES NO

If yes, please give the amount and the outcome: _____

Within the past three years, have you sought funding from Cochrane
Home Treasures?

YES NO

If yes, kindly specify the amounts and the respective years in which you received funding from Cochrane
Home Treasures and what the monies were used for: _____

Please email or mail your request to:

hometreasures@telus.net

Cochrane Home Treasures

PO Box 1868 Cochrane, AB T4C 1B7

FOR COCHRANE HOME TREASURES USE ONLY

Date Received _____ Request granted/denied _____