



c/o Scotiatrust
130 King Street West , 20th Floor
P.O. Box 430, Stn First Canadian Place
Toronto ON M5X 1K1

GRANT APPLICATION COVER SHEET	
ORGANIZATION INFORMATION	
Name of Organization:	
Address:	
Telephone:	Fax:
E-mail:	Web site:
CRA Registration/BN:	Contact Name:
Amount & Date of Previous Flavelle Fdn Grant	Contact Title:
PROPOSAL INFORMATION	
Program/Project Title:	
Program/Project Description: (100 words or less)	
Program/Project Budget Attached?	Amount Requested:
Check appropriate category: <input type="checkbox"/> Arts <input type="checkbox"/> Community Services <input type="checkbox"/> Native Peoples <input type="checkbox"/> Special Needs Groups <input type="checkbox"/> Children <input type="checkbox"/> the Environment <input type="checkbox"/> Social Issues	
FINANCIAL INFORMATION	
Organization's total operating revenue (most recent year end) \$ _____ percentage of this funded by:	
Governments: _____ %	Corporation: _____ %
Foundations: _____ %	and other: _____ %
Office Use Only	
Previous: _____ Date Rec'd: _____ Char#: _____ Fin Stm: _____ Req. Amt: _____ Budget: _____	

Please attach this form to the front of your funding request