

6. To whom will the Grant be paid:

Name: _____

Address: _____

_____ **Postal Code** _____

CRA Charitable Registration number: _____

7. Total cost of the project for which a grant is being requested: _____

8. Other sources of funding to assist with the project:

9. Name of person completing this application:

_____ **Telephone number** _____

10. Signature on behalf of the Applicant:

Name: _____
(please print)

Signature: _____ **Date:** _____

If the Applicant is a Lodge, the Application must be signed by the Worshipful Master or the Secretary of the Lodge.

If the Applicant is a District, the Application must be signed by the District Deputy Grand Master for the District.