

THE CITY OF DAWSON

P.O BOX 308, DAWSON CITY, YUKON Y0B 1G0 PH: (867) 993-7400, FAX: (867) 993-7434



APPENDIX "A" CITY OF DAWSON GRANT APPLICATION

CONTACT INFORMATION		
NAME OF ORGANIZATION:		
CONTACT PERSON:	POSITION:	
ADDRESS:		
PHONE:	FAX:	
EMAIL ADDRESS:		
INTAKE MONTH & YEAR:		
PRO	JECT INFORMATION	
NAME OF PROJECT:		
	ase provide a detailed overview of project; attach additional papers if needed)	
EXPECTED BENEFITS TO TH	IE COMMUNITY:	
HOW WILL THE CITY OF DA	AWSON BE PUBLICLY RECOGNIZED?	

PROPOSED BUDGET

EXPENSES:	
DESCRIPTION OF EXPENSE(S)	AMOUNT
TOTAL EXPENSES:	\$
REVENUE / FUNDING SOURCES:	
DESCRIPTION OF REVENUE SOURCE	AMOUNT
Funding requested from the City of Dawson Funding provided by your organization Funding from fundraising Funding from other sources:	
TOTAL REVENUES:	\$
S	Dete
Signature Programme Control Co	Date
PLEASE RETURN COMPLICATION City of Dawson Box 308, Dawson City, Y recreation@cityofdar 867-993-7400 ext	n T Y0B 1G0 wson.ca

Community Grants Policy #16-01 p.4