



**District of Wells 2025 Grant in-Aid Form**

**Registration**

Date (YYYY-MM-DD): \_\_\_\_\_

Legal Name of Organization: \_\_\_\_\_

Year Organization Established (YYYY): \_\_\_\_\_

Type of Not for Profit (Circle): Not for Profit or Enterprising Not for Profit

Not for Profit Type (Circle): Registered Society or Register Charity or Indigenous Band or Not Registered

Not for Profit Registration Number: \_\_\_\_\_

Number of Board Members: \_\_\_\_ Number of Staff: \_\_\_\_ Number of Members: \_\_\_\_

Number of Individuals Supported Annually: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Organization Phone Number: \_\_\_\_\_

Organization Email: \_\_\_\_\_

Organization Website: \_\_\_\_\_

Main Contact Person: \_\_\_\_\_

Main Contact Person Title: \_\_\_\_\_

Main Contact Person Phone: \_\_\_\_\_

Main Contact Person Email: \_\_\_\_\_

Board Chair Name: \_\_\_\_\_

Board Chair Phone: \_\_\_\_\_

Board Chair Email: \_\_\_\_\_

Treasurer Name: \_\_\_\_\_

Treasurer Phone: \_\_\_\_\_

Treasurer Email: \_\_\_\_\_

Main Staff Member Name:  
\_\_\_\_\_

Main Staff Member Phone: \_\_\_\_\_

Main Staff Member Email: \_\_\_\_\_

Main Purpose of the Organization (concise)

I have completed, read, agree to Freedom of Information Laws, and believe the information provided is accurate:

Signature: \_\_\_\_\_ Name: \_\_\_\_\_

Date (YYYY-MM-DD): \_\_\_\_\_

Grant in-Aid Application

Date (YYYY-MM-DD): \_\_\_\_\_

Estimated Start Date (YYYY-MM-DD): \_\_\_\_\_

Estimated End Date (YYYY-MM-DD): \_\_\_\_\_

Legal Name of Organization: \_\_\_\_\_

Grant Contact Person: \_\_\_\_\_

Grant Contact Person Title: \_\_\_\_\_

Grant Contact Person Phone: \_\_\_\_\_

Grant Contact Person Email: \_\_\_\_\_

Grant in-Aid Funds Use Description (concise)

Individuals or Groups that will benefit from the Grant (concise)

Project Funds Requested: \$\_\_\_\_\_ Project Funds Received: \$\_\_\_\_\_

I have completed, read, agree to Freedom of Information Laws, and believe the information provided is accurate:

Signature: \_\_\_\_\_ Name: \_\_\_\_\_

Date (YYYY-MM-DD): \_\_\_\_\_