



Cowichan Lake Community Forest Co-operative

75 South Shore Road, P.O. Box 428, Lake Cowichan, B.C. V0R 2G0

email: clcfc@cowichanforestcoop.com

FUNDING REQUEST FORM

Name of Organization: _____

Date Submitted: _____

Contact Name: _____ Contact Phone # _____

Email Address: _____

Please provide a brief description of your Organization, including a list of Board members, and your mission Statement.

Please provide a brief description of your Funding request including the goals of the Project, intended use of the Funds and your anticipated start and completion date.

List any groups any partner groups or roles in the project and other funding sources.

How will you acknowledge any Contributions from the CLCFC?

How will the use of the funds benefit or enhance our community?

Please attach a budget and Financial Report per the Funding Request Policy.

(Add additional sheets if space for answers is not sufficient.)

Requested amount: \$ _____ Authorized by: _____

Amount: \$ _____ Date: _____