

B.E.A.A.R Grant Application Form

Due: March 31, 2019

Turn in to VCI or Email to mkeown@flbsd.ca

The Name of Project: _____

Amount Needed: _____

Total Cost of Project: _____

Basic Budget Outline (any future or big expenses as well revenue):

Date Project will Start: _____

Head of Organization (Contact Person): _____

Phone Number: _____

Email: _____

Estimated number of youth it will help: _____

Description of Project:

Steps that have or will be taken to complete project:

How will this help youth in our community:
