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## Application for Grant

Email or fax completed applications to the contact information above.

Date:  Project Duration (number of months):

Project Name:

Amount Requested: \$  Total Project Budget: \$

Charity Name:

Year Founded:  Revenue Agency No.:

Mission of Organization:

Mailing Address:

Phone:  Fax:

Charity Contact Person (and title):

Project Contact Person (and title):

Phone:  Email:

*What is the purpose of this project? Why is it needed?*

*What activities will address the needs above?*

*Provide a brief budget for this project, including information on other funding sources and the amount requested from the Totem Foundation (i.e. projected expenses, anticipated revenue sources, totals).*

*Not-for-profit organization partner (if applicable):*