



Granary Lil' Sprouts

Grant Program 2016/2017

Application Form



Name of School/Community Group: _____

Address: _____ Carleton Place, Ontario, _____

Phone# _____ Website: _____

Primary Project Contact Name: _____

Contact email: _____ Phone# _____

Briefly describe your school or organization. (Number of children, ages etc.)

Outline your "Lil' Sprouts" Project idea

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How many children will be involved in the project? _____

Is this a new project or an expansion of an existing program? _____

Is your project viable over time? How will it continue to positively affect the children involved?

How will the funds be distributed?

Personnel (speakers, chefs, educators etc,) \$ _____

Supplies \$ _____

Food \$ _____

Printing \$ _____

Other: _____ \$ _____



Are any additional funds being used for this program?

Other Notes, Comments

Dated _____

School Principal or Community Group Leader

Signature

Granary Lil' Sprouts

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