



KFACC COMMUNITY GROUP GRANT APPLICATION FORM

Name of Group/Organization	
Name of Person Applying	
Position with Group/Organization	
Address (proof of address required)	
Charitable Organization Registration Number (if applicable)	
Amount Requested	
Phone	
E-Mail	

Please provide in detail the activity/event in which you are seeking funding for:

Name of Event: _____

Location: _____

Date/Time: _____

Please describe what the funding grant will be used for:

Description of Event/Activity	Details (how does this relate to sexual assault and/or domestic violence)

- Approved**
- Not Approved**

Please return to: info@kfacc.org