



## KFACC COMMUNITY GROUP GRANT APPLICATION FORM

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

**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, how will you acknowledge KFACC at your event?

- Approved**
- Not Approved**

Please return to: [info@kfacc.org](mailto:info@kfacc.org)