



## 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:**

<b>Description of Event/Activity</b>	<p><i>Please Detail:</i></p> <ul style="list-style-type: none"> <li><i>How does this relate to sexual assault and/or domestic violence?</i></li> <li><i>How does this initiative include an Anti-Racist/Anti-Oppression framework?</i></li> <li><i>How will you acknowledge KFACC at your event?</i></li> </ul>

- Approved**
- Not Approved**

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