



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	
Make Check Out To & Mailing Address	

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

- Approved**
 Not Approved

Please return to: info@kfacc.org