KINGSTON FRONTENAC
Anti-Violence Coordinating Committee
working together to decrease domestic and sexual violence

## KFACC Community Group Grant Application Form

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|---|---|
| **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 |
|---|---|
| | |

**Please return to: info@kfacc.org**