



KFACC COMMUNITY GROUP GRANT APPLICATION FORM

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

Amount Requested: _____

Activity/Event Name: _____

Location/Date/Time: _____

Please describe in detail what the funding grant will be used for:

Description of Activity/Event	• How does this relate to IPV, GBV or SA? • How will you acknowledge KFACC at your event/activity? • What is the grant for i.e. hall rental, printed materials, catering, etc.? • What amount of funding will go to each item? • What other community partners are involved in the event/activity? • Are you receiving in-kind donations from other community partners?

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