

Schedule "A"

MUNICIPALITY OF THE DISTRICT OF GUYSBOROUGH

*Municipal Green Fund Funding Application
2017/2018*

1) APPLICANT

b. Name :

c. Address:

d. Phone # :

Fax #:

E-mail (if applicable) :

1) DESCRIPTION OF PROJECT/ACTIVITY REQUESTING FUNDING

b. Summary Description:

c. Impact of Environment:

d. Community Benefits:

e. Funding:

Total project/activity cost \$ _____

*Amount requested from Municipal
Green Fund* _____
(Detailed Budget for total project must be attached)

f. Schedule to start and complete project/activity

Start Date : _____ *Completion Date:* _____

1) AUTHORIZED SIGNATURE:

Name (print):

Signature: _____

Position (print): _____

2) DATE SUBMITTED: