1. APPLICATION INFORMATION

Address:				
Postal Code:Telephone:				
Charitable Number: RR_				
ORGANIZATIONAL IN	RGANIZATIONAL INFORMATION			
(a) Contact Person for this A	pplication			
Address:				
Postal Code:	Telephone: Home			
E-mail	Telephone :Business			
(b) Executive Officers: (or	r attached organization list)			
President/chair	Telephone			
Address				
AddressPostal Code	E-mail			
AddressPostal Code Treasurer	E-mailTelephone Telephone			
AddressPostal Code TreasurerAddress	E-mailTelephone			
Address Postal Code Treasurer Address Postal Code	E-mail Telephone			

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PROJECT INFORMATION (If more space is required, attach a separate sheet)
a) Title of Project
b) Description of project
c) What are the objectives of the project:
Describe how you plan to implement the project
l) What is the start date of project
e) Describe the community and/or professional support that will be extended to the roject
Work completed to date

4.	FINANCE		
	(a) Please attach a d	etailed project budget	
	(b) Amount requeste	ed from SUS Foundation of Canada	\$
	(c) List other financ	ial sponsors	\$
			\$
			\$
			\$
5.	DECLARATION		
requ com	ired to submit a projec pletion of project.	the SUS Foundation of Canada provide t report along with the financial stateme	ent annually and/or at
	ature: ident/Chair	Name:	Date:
	ature: isurer	Name:	Date:
	ature:	Name:	Date:
	act person if different		Datc
Mail	grant application to:	SUS Foundation 620 Spadina Avenue, Toronto, ON M5S 2H4	

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