

Community Services 50 Wolfe Street Lindsay, ON, K9V 2J2 705-324-9411 Ext. 1300 Idonnelly@kawarthalakes.ca

# **Legacy C.H.E.S.T. Fund Grant Application**

### **Grant Application Budget**

#### Revenue

Please list all Revenue and Expenses related to your project. Your total Expenses should balance with the Total Revenue.

Funding Source	Amount Requested	Notes



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#### **Expenses**

In this section please list how cash and in kind resources will be expended to complete the project. For each expense show how much you plan to spend. Please attach supplier estimates/quotes. \*Note – HST is NOT an eligible expense

Project Component/Item	Amount	Notes
	Project Component/Item	Project Component/Item  Amount

Note: Dependent on funding program, applications may need to clearly show the organizations contribution to the project. For more information, please refer to the Funding Policy for specific requirements.