



## R. HOWARD WEBSTER FOUNDATION APPLICATION FORM

All fields identified by an asterisk ( \* ) are mandatory.

### Organization Details:

Name \* \_\_\_\_\_

Address \* \_\_\_\_\_

Contact Person \* \_\_\_\_\_

Canada Revenue Agency Business Number/  
Registration Number \* \_\_\_\_\_

Telephone \* \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \* \_\_\_\_\_

Website \_\_\_\_\_

Please indicate the funding category for your grant request \* :

Arts & Social  
Culture Services Education Environment Medical

Brief description of project or executive summary of project (250 words or less). \* Please continue on a separate piece of paper if needed and attach it to the Application Form.

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Campaign or project budget \* \_\_\_\_\_

Grant amount requested \* \_\_\_\_\_

Confirmed funding: Public sector \* \_\_\_\_\_

Private sector \* \_\_\_\_\_

Funding shortfall \* \_\_\_\_\_