



Community Partnership Application

Group Name:

Address:

Website:

Type of Group:

(Service Club, Sport Group, etc)

Contact Name:

Email:

Phone Number:

Secondary Contact Name:

Email:

Phone Number:

Does your Group have social media accounts?

If yes, please list all accounts

How many people are involved in your Group or on your board?

Please provide a brief description of your Group's mandate and history.

Please describe some of your Group's key events/activities/initiatives. *Please include key dates and annual scheduled activities.*

What is the main source of revenue for your Group?
Please list any grants your organization/group receives.

Please explain some challenges your Group are experiencing.