



MUNICIPAL GRANT/DONATION APPLICATION

In-Kind Services Form

(Please complete if applying for In-Kind Services and attach to application)

Organization Name: _____

Administrative & Financial Services	Description of Services Required	Cost, if known
Labour		
Equipment		
Material		
Other		
Total Estimated Administrative and Financial Services		

Protective Services (Fire, Building)	Description of Services Required	Cost, if known
Labour		
Equipment		
Material		
Other		
Total Estimated Protective Services		

Public Works Services (Roads, Water, Sewer)	Description of Services Required	Cost, if known
Labour		
Equipment		
Material		
Other		
Total Estimated Public Works Services		

Recreation and Facilities Services	Description of Services Required	Cost, if known
Labour		
Equipment		
Material		
Other		
Total Estimated Recreation and Facilities Services		

Other Services	Description of Services Required	Cost, if known
Other (please specify)		
Total Estimated Other Services		

Total In-Kind Services	
-------------------------------	--

Signature of Authorized Officials

Signed on behalf of the Organization by Authorized Officers:

Signature

Position

Date

Signature

Position

Date