

# Application For Funding Assistance

**Association  
canadienne  
de crosse**



**Canadian  
Lacrosse  
Association**

Please complete the following application  
and forward to: Canadian Lacrosse Association  
18 Louisa St., Suite 310  
Ottawa, ON K1R 6Y6

## APPLICANT INFORMATION

Name of Club / Association:

Address:

City, Province:

Postal Code:

CLA Member Association:

Contact:

Title:

Address (if different than above):

City, Province:

Postal Code:

Home Phone:

Work Phone:

E-Mail:

## PROJECT INFORMATION *Provide a brief description of the project identifying operational costs which the CLA grant will defer. Attach separate pages if required.*


Please state amount of funding assistance requested:

Please state amount of funds committed to the project (if available):

*I hereby certify that the information given in this application is correct and funds received will be utilized to defer the operational costs identified herein.*

*Accounting for the project will be maintained by the grant recipient and will be made available to the CLA or Revenue Canada for audit purposes.*

Name of Authorized Official:

Title:

Signature of Authorized official:

Date:

**Note: Please submit 3 copies of the request form**