



APPLICATION for 2024-2025 Writers Group Funding

APPLICATION for 2024-2025 Writers Group Funding			
Name of Group			
Contact Person			
Address			
City			
Province		Postal Code	
Phone			
Email			
Total Funds Requested			

Has this information changed from your last application? YES NO

Signature of Applicant _____

Date _____

Please submit following in your application package:

- Application for writers group funding**
- Direct Deposit Payment Form**
- Budget request with** a description of how the requested funds will be used
- Group membership list**
- Follow-up report** from the last grant received, if applicable

Deadline: Monday June 24, 2024 at 4:30 pm

If mailing an application, please ensure it is postmarked by June 17 and please notify staff.

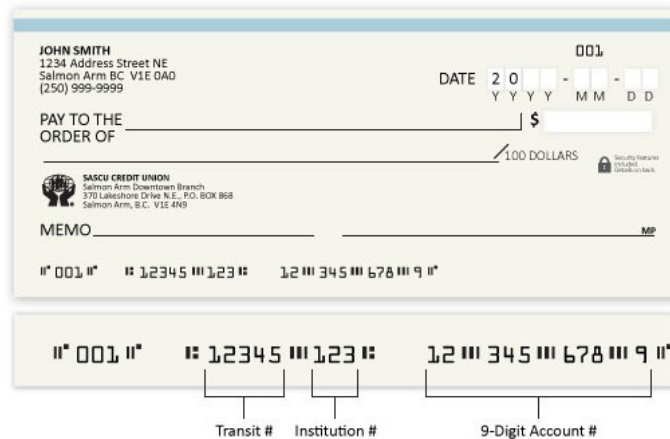
Direct Deposit is the SWG's preferred payment method.

This is not an invoice. Please submit this form **with** your invoice. It only needs to be submitted once.

Banking information is found on a blank cheque, preauthorized debit form, or through online banking.

For assistance, please contact your bank directly.

Date	
Payee Legal Name	
Contact name, if applicable	
Mailing Address	
City, Province, Postal Code	
Phone	
Email	
Transit/Branch Number (5 digits)	
Financial Institution Number (3 digits)	
Account Number (7-11 digits)	



Other payment methods:

___ E-transfer: We are only able to e-transfer if auto-deposit is set up. If you require a security question and answer, we cannot e-transfer you. Please use direct deposit. We will e-transfer to the email address indicated above.

BUDGET REQUEST FOR 2024-2025

Revenues (please list)	Amount
SWG Grant	\$
Other Revenue (i.e. memberships, other grants)	\$
	\$
TOTAL REVENUE	\$
Expenses (please list)	Amount
	\$
	\$
	\$
	\$
TOTAL EXPENSES	\$

Total revenue MUST match total expenses.

In 250 words or less, please describe what you will use the funds for:

GROUP MEMBERSHIP LIST

Please ensure this is complete. Group members are responsible for their SWG membership; if your group doesn't meet have 3/5 or 60% current SWG members, you are ineligible for funding.

Name		Name	
Group Position		Group Position	
Address		Address	
City		City	
Postal Code		Postal Code	
Email Address		Email Address	
SWG Expiry		SWG Expiry	
Name		Name	
Group Position		Group Position	
Address		Address	
City		City	
Postal Code		Postal Code	
Email Address		Email Address	
SWG Expiry		SWG Expiry	
Name		Name	
Group Position		Group Position	
Address		Address	
City		City	
Postal Code		Postal Code	
Email Address		Email Address	
SWG Expiry		SWG Expiry	
Name		Name	
Group Position		Group Position	
Address		Address	
City		City	
Postal Code		Postal Code	
Email Address		Email Address	
SWG Expiry		SWG Expiry	