

LEGACY GRANT PROGRAM	
PART I: APPLICANT INFORMATION	
Name of Organization:	
Address: (include street, city, province, postal code)	
Contact Person:	Position:
Telephone:	Website:
E-mail:	Social media handles (if applicable):
Mandate of Organization: (please be brief)	
Incorporation Date:	Business Number:
Fiscal year end:	
Title of program or project:	
Start date:	End date:
Requested amount:	\$
Total program or project budget (excluding in-kind):	\$
Estimated value of in-kind (if applicable):	\$
Total project value (cash and in-kind):	\$
Which of the Foundation's legislative purposes does the program or project meet? (Check all that apply) Legal Education ___ Legal Research ___ Legal Aid ___ Law Libraries ___ Law Reform ___	
How did you learn about this call for application?	
Signature:	Title:
Name:	Date:

