



## ECHO Lacombe Program Application Form

### Application Information

Date:	
Organization Name:	
Mailing Address:	
Telephone Number:	
Email Address:	

**Project Description** (please include details on benefit to community, alignment with ECHO Lacombe pillars and other groups/donors involved in the initiative. Include an image if applicable)

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### Project Timelines

Proposed Start Date:	
Proposed Completion Date:	

### Project Estimates

Total Project Costs:	
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### Funding

ECHO Lacombe Fund Request:	
Partner Contribution(s):	

### Applicant Declaration

I understand that my submission of an application does not constitute a guarantee for funding under the ECHO Lacombe Program. I certify that all information is true and accurate to the best of my knowledge.

Name:	
Date:	

If you have any further questions about completing this application, or to submit a completed application for, please contact: Community Economic Development Manager by phone at 403-782-1263 or email [glapointe@lacombe.ca](mailto:glapointe@lacombe.ca)