

Grant Review Team Application Form

Please complete the following application and submit to:

**Cultural Development & Events
Community Services Administration
Pool 6 Building
53 S. Water Street
Thunder Bay, ON P7B 2S5**

**Telephone: 625-2416
Facsimile: 684-9240**

Requirements – (please check):

I am applying to the following committee:

Grant Review Team

I am a resident of the City of Thunder Bay **YES**

I AM / **AM NOT** a board member or staff member of a non-profit cultural organization. The organization is _____.

I have attached a current resume **YES**

Personal Data (please print): Mr. Ms. Mrs.

Name:

Address:

Postal Code:

Phone: (Res):

(Bus):

E-mail:

Please tell us about your interest and experience in cultural activities or endeavours in Thunder Bay.

Please tell us what contribution you believe you would make as a committee member (i.e. financial/organizational management knowledge, prior granting experience).

References:
By applying your signature to this application, you authorize the Municipality to contact the following persons or organizations and authorize them to disclose to the Municipality any required information.

Name: (Please State Association With Person):	Phone:(Please identify work or home #)
1.	
2.	
Applicant's Signature:	Date:

*Personal information on this form is collected under the authority of the Municipal Act and will be used to maintain a record of applicants for membership on the Cultural Services Advisory Committee. Names, addresses, contact telephone numbers of successful applicants are collected for the purpose of creating a public record that is available to the general public. Questions about this collection should be directed to the **Manager of Cultural Development & Events, Recreation & Culture Division, 111 Syndicate Avenue South, Thunder Bay, ON P7E 6S4***