

Environment Program

APPLICATION COVER PAGE

Name of Organization

Contact Name

Position

Address

City

Province

Postal Code

Telephone

Fax

E-mail

Website

Charitable Registration Number

Total Organizational Revenue (from last audited statements)

This application is for:

- Healthy Lands
 Leaders in the Field Internships

Please complete the appropriate section for the program to which you are applying.

HEALTHY LANDS

Total Amount Requested

Amount Requested per Year

Total Project Budget

Duration of Initiative

LEADERS IN THE FIELD INTERNSHIPS

Amount requested

Total Project Budget

Duration of Internship

Intern Name

Intern's Home Address

City

Province

Postal Code

Telephone

E-mail

METCALF
FOUNDATION

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