



Member's Initiative Grant Adjudication Committee

| Name: |
|---|
| Community: |
| Phone Number: |
| Email: |
| Employer: |
| Job Title: |
| You are welcome to attach a resume and/or letters of reference with your application. |
| Appointments to the committee are for a one-year term. |
| Committee members are required to: Attend an orientation session. Review and score all grant applications prior to the adjudication meetings. Participate in two virtual adjudication meetings (two hours each) in November/December 2025 and June 2026. |
| I have read and understand the requirements of being a committee member and confirm that I am able to fulfil those requirements if selected as a committee member. |
| Signature: |
| Date: |

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