



GRANT APPLICATION FORM

#304 – 3402 – 27th Avenue, Vernon, BC V1T 1S1
E-Mail: info@cfno.org

**ALL GRANT APPLICATIONS MUST BE
POSTMARKED NO LATER THAN THE LAST
BUSINESS DAY IN MARCH**

APPLICANT ORGANIZATION:

(If joint application, this organization owns the Charitable Registration # and is responsible for the project)

ADDRESS:

TELEPHONE:

FAX:

CONTACT PERSON:

POSITION:

PROJECT MANAGER

POSITION

CHARITABLE REGISTRATION # RR

DATE OF FOUNDING

(All requests must have the above 15 character registration number as provided by Canada Revenue Agency)

PROJECT ORGANIZATION:

(If joint application, this organization would perform the work. Leave blank if same organization.)

ADDRESS:

TELEPHONE:

FAX:

CONTACT PERSON:

POSITION:

PROJECT MANAGER

POSITION

DATE OF FOUNDING

ORGANIZATION'S MISSION STATEMENT/STATEMENT OF PURPOSE:

NUMBER OF PAID STAFF: Full Time: Part Time:

NUMBER OF VOLUNTEERS (Not including Board Members):

PROJECT TITLE:

AMOUNT OF GRANT REQUEST: \$

WHEN WOULD THESE FUNDS BE REQUIRED

TOTAL AMOUNT NEEDED FOR THE PROJECT

PURPOSE OF FUNDING REQUEST

GRANT WILL BE USED FOR:

- (a) SERVICE EXPANSION/IMPROVEMENT
- (b) NEW PROGRAM
- (c) CAPITAL EXPENDITURES (if so, list in order of priority under The Project and attach at least two quotations)

THE PROJECT

Describe the need for your project, who and how many will be served and the anticipated results/benefits.

CARRYING OUT THE PROJECT

What activities will you undertake to achieve the intended results?

What knowledge, skills and experience does your organization have which qualify it to carry out this project?

Will volunteers be involved in the project? How?

Proposed start-up date:

Proposed completion date:

COMMUNITY SUPPORT/CO-ORDINATION

Describe the community support you have gathered for this project and how you will co-ordinate your plans with others who are servicing similar needs or populations. How is your project different from and/or better than existing services?

PROJECT BUDGET

Expenditures:

Salaries	\$
Rent/Utilities	\$
Other Costs	\$
	\$
Capital Costs	\$
	\$
Total	\$

Revenue: (List all potential partners/sources of funds and results to date)

SOURCE	PURPOSE FOR WHICH THESE FUNDS WILL BE USED	AMOUNT	STATUS
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TOTAL _____

OTHER FINANCIAL CONSIDERATIONS

What would happen if the Community Foundation of the North Okanagan provided only a portion of the amount requested?

If this is an on-going program, how will it be sustained after the initial funding period?

Have you ever received a grant from the Community Foundation of the North Okanagan? Yes: No:

Amount: \$ When: Purpose of Grant:

Authorization:

We understand that as Applicant Organization we are responsible for the grant monies and for the successful completion of the project. We also certify that this application for funds has official approval from both organizations' Board of Directors

*** Additionally, we understand that should we receive a grant from the Foundation, we are required to submit a Final Report within one year of receiving our grant. The report form will be provided by the Foundation and is intended to help the Foundation better understand the value to the community of its grants.

Signature of Applicant Organization Date
Chairperson/President

Signature of Project Organization Date
Chairperson/President

Name (Print)

Name (Print)

Position

Position

PLEASE APPEND THE ORGANIZATION'S MOST RECENT FINANCIAL STATEMENTS