

GRANT APPLICATION

FOR OFFICE USE ONLY

DATE _____

APPLICATION NUMBER _____

AMOUNT REQUESTED _____

AMOUNT APPROVED _____

1. AGENCY INFORMATION

NAME []

ADDRESS []

CITY/TOWN []

POSTAL CODE []

PHONE []

FAX []

E-MAIL []

YEAR ESTABLISHED []

NUMBER OF EMPLOYEES []

NUMBER OF MEMBERS []

REVENUE CANADA CHARITABLE TAX NUMBER []

ATTACHMENTS ("x" indicates items attached. If not attached provide explanation.)

List of officers of the Governing Board and all Directors

Income and expense budgets

Last fiscal year

Current fiscal year

Copy of organizations latest annual report

Detailed project budget indicating anticipated income and costs by category

2. GRANT REQUEST

AMOUNT REQUESTED []

WHEN ARE FUNDS NEEDED []

TYPE OF GRANT REQUESTED:

Special Project

One-Time Capital Project []

[]

Community Foundation of Portage and District Inc.

STARTING DATE

PROJECT DURATION

3. PROJECT BUDGET:

Please give a detailed outline of your project budget. Do not include the overall operational expenses of your organization – only particulars related to the proposed project. Note, Project revenues and expenses should balance. (Please use the space provided.)

PROJECT EXPENSES:

Expense Item	Amount
TOTAL:	

EXPECTED PROJECT REVENUES:

Revenue Sources	Amount/Value	Confirmed	Unconfirmed
Gifts in kind			
TOTAL:			

4. Provide a brief statement of the purpose of the project and the relationship to the project to the overall goals and services of the agency.

5. Site evidence of the human or community need for the project specifically stating its significances to Portage and district. Describe consultations held with other organizations that relate to this project.

6. Describe the capacity of your organization to conduct the project and note special staff qualifications.

7. Have you approached other sources of support? Yes No

8. If this project is successful, what financial resources will be available for its continuation?

9. Has this project been authorized by your agency's governing body?

Yes **When?** _____
No

THIS APPLICATION MUST BE SIGNED BY THE PRESIDENT OR ANOTHER OFFICER OF THE AGENCY'S GOVERNING BODY:

Signature

Title

Phone

E-mail

NAME OF INDIVIDUAL FROM WHOM FURTHER INFORMATION MAY BE OBTAINED:

Signature

Title

Phone

E-mail

**Please send 7 copies of your application and support documents and mail to:
Community Foundation of Portage and District Inc.
P.O. Box 1153
Portage la Prairie, MB R1N 3J9**

**If you have any questions please contact the Community Foundation:
Phone: (204) 274-2442 Fax: (204) 274-2447 or E-mail: cfpd@mts.net
Website: www.manitobacommunityfoundations.ca/portage**

