



Community Foundation of Portage and District Inc.  
206 Saskatchewan Ave E  
Portage la Prairie, MB, R1N 0K9  
[info@cfpdi.ca](mailto:info@cfpdi.ca)  
Phone: 204-856-1971

## PARTNER APPLICANT SUPPORT FORM

**This Letter of Support is being given in support of the Application being made by:**

Name of Applicant Organization: \_\_\_\_\_

Proposed Project Name: \_\_\_\_\_

Name of Partner Applicant Organization: \_\_\_\_\_

Name of Person completing this form: \_\_\_\_\_

Title of Person completing this form: \_\_\_\_\_

Partner Applicant Organization's Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Years Established: \_\_\_\_\_ No. of Employees: \_\_\_\_\_ No. of Board Members: \_\_\_\_\_

(If applicable): Partner Applicant Organization's Business Number: \_\_\_\_\_

1. Please provide a **brief** summary of the background and purpose of your Organization. (*Maximum 100 words*):

2. Has your Organization received Grant(s) from the CFPD in the past?

Yes

No

**By signing this Letter of Support, you are acknowledging that:**

- You are authorized by the Partner Applicant Organization to sign this Support Form.
- You have carefully reviewed the Grant Application completed by the Applicant Organization.
- You are submitting the Grant Application in conjunction with the Applicant Organization.
- If the Grant Application is approved, you give permission, on behalf of the Partner Applicant Organization, for the CFPD to make details of this Application and the Project available to the media, CFPD donors, and the general public.
- If the Grant Application is approved, you understand that your Organization will be required to:
  - **Prior to Grant Funds being paid**, sign a Grant Agreement;
  - **Within 12 months of date of signing the grant agreement**, spend the Grant Funds for the approved purpose; and
  - **Within 90 days of project completion**, submit a Grant Evaluation Report with supporting photos and receipts, in a form required by the CFPD.
- You understand that failure to abide by any conditions the CFPD may impose may result in the Grant Funds having to be paid back to the CFPD, and may impact your Organization's eligibility to receive future Grants from the CFPD.

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Date

Signature of Partner Applicant

Name and Title: \_\_\_\_\_