



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

## GRANT APPLICATION CHECKLIST

### ***All Applications must include the following in separate electronic files:***

*Applications received without required documents will be considered incomplete and will not be accepted unless there is a valid reason.*

Completed Application Form

- Most current audited or reviewed financial statements.
- Total Revenue and expense budget for the current year
- List of Organization's Board of Directors or members of Organization's governing body

***If Proposed Project includes funding for any capital expenses (e.g. construction, furniture, equipment, appliances, etc.), Application must also include:***

- Two (2) quotes for any single expense over \$500.

***If Applicant Organization is not a "Qualified Donee", Application must also include:***

- Sponsor Agency Support Form** from a Qualified Donee  
(form available online or [click here](#) to download)

***If more than one Organization is submitting the Application, Application must also include:***

- Partner Applicant Support Form**  
(form available online or [click here](#) to download)

**Application Form and all supporting documents to be submitted electronically by e-mail to: [INFO@CFPDI.CA](mailto:INFO@CFPDI.CA)**

**Annual Application Deadlines: March 15th & October 15th**

***YOU ARE RESPONSIBLE FOR ENSURING YOUR APPLICATION IS COMPLETE AND SUBMITTED ON TIME. INCOMPLETE, LATE, OR PAPER APPLICATIONS WILL NOT BE ACCEPTED.***  
*Please provide an explanation if required documentation is not supplied.*



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

## GRANT APPLICATION FORM

This Application Form and all supporting documents must be **TYPED** and submitted **ELECTRONICALLY**.  
Please refer to the Application Checklist to ensure your Application is complete.

### **PART 1 - APPLICANT DETAILS**

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

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

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

Organization's Address: \_\_\_\_\_

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

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

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

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

As per Canada Revenue Agency requirements, the CFPD can only pay grant funds to a Qualified Donee (see Eligibility Guidelines for examples of Qualified Donees). If Applicant Organization is not a Qualified Donee, Applicant must include a **Sponsor Agency Support Form** from a Qualified Donee who is prepared to receive funds on behalf of the Applicant Organization. CFPD shall verify all registration numbers.

Applicant Organization is a Qualified Donee, Business Number: \_\_\_\_\_

- Or -

Applicant Organization has the support of a Sponsor Agency who is a Qualified Donee, who will receive the Grant Funds from the CFPD on behalf of Applicant Organization. A **Sponsor Agency Support Form** must accompany this Application (*form available online or [click here](#) to download.*)

Sponsor Agency's Name: \_\_\_\_\_

Sponsor Agency's Charitable /Business Number: \_\_\_\_\_

Has your organization received any previous grant from CFPD?  Yes  No

If Yes, have all final grant reports been completed?  Yes  No

Has your organization applied for funding elsewhere for this project? Yes  No   
If yes, where: \_\_\_\_\_

1. Provide a brief description of your organization. Include, what is its purpose, what services does it provide, how is it funded, and who are your members or clients. If you have members are there fees to join. *(Maximum 250 words)*

If Applicant Organization is partnering with another Organization in this Application, **Partner Applicant Organization Support Form** must accompany this Application *(form available online or [click here to download.](#))*

## **PART 2 - PROJECT DETAILS**

**Project Name:** \_\_\_\_\_

**Total Project Cost:** \$ \_\_\_\_\_ **Amount Requested:** \$ \_\_\_\_\_  
*(additional details to be provided in Part 3 – Project Budget)*

**Project Start Date:** \_\_\_\_\_ **Project Completion Date:** \_\_\_\_\_

### **Project Type:**

- |   |  |
|---|--|
| <input type="checkbox"/> One-Time Capital Project | <input type="checkbox"/> Seed Money              |
| <input type="checkbox"/> Program                  | <input type="checkbox"/> Computers or Technology |
| <input type="checkbox"/> Renovation or Upgrade    | <input type="checkbox"/> Other: _____            |

**Project supports the following Objectives of the CFPD** *(check most relevant Objectives):*

- |  |  |
|--|--|
| <input type="checkbox"/> Social services   | <input type="checkbox"/> Physical fitness and health |
| <input type="checkbox"/> Arts and cultural activities                                    | <input type="checkbox"/> Education                   |
| <input type="checkbox"/> Medical services  | <input type="checkbox"/> Environment                 |
| <input type="checkbox"/> Child welfare, youth development, and family well-being         |  |
| <input type="checkbox"/> Other community activities or facilities of a charitable nature |  |



4. Describe who this project will benefit specifically (i.e. Youth, children, families, seniors, minorities, community in general, etc.). If known, how many citizens will benefit from this project? *(Maximum 100 words)*
5. How will the project be monitored and the results evaluated? *(Maximum 100 words)*
6. What financial resources will be available for this project's continuation (if applicable)? *(Maximum 100 words)*
7. If the CFPD cannot grant you the full amount requested, can some or all of the project still go ahead?
- No, we require full funding from CFPD to proceed with the project.
  - Yes, in a modified way *(please indicate which parts of the Project you would **most** like funding for):*  
*(Maximum 50 words)*
8. How will you recognize CFPD and other Project Partners?
- Media ready story
  - Signage/banner
  - Social media
  - Other – please explain
  - Photography
  - Website



Sources of Revenue		Confirmed	Unconfirmed
Requested from the CFPD			
Funding on Hand			
Other sources of Revenue (list)			
<b>Sub Total</b>			
<b>Total Revenue:</b> <i>This number must match "Total Expenses" above.</i>			

**PART 4 – ACKNOWLEDGMENT BY APPLICANT**

**By submitting this Application, you are acknowledging that:**

- You are the person named on page 1 of this Grant Application Form, and you are authorized by the Applicant Organization to submit this Application.
- You have carefully reviewed the Grant Application Checklist to ensure you have included all necessary supporting documents with this Application. **You understand it is your responsibility to ensure the Application is complete and electronically submitted on time.** You understand that if your Application is incomplete, late, or submitted on paper, it **will not be accepted** for review.
- If your Application is approved, you give permission, on behalf of the 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 your 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 the Grant Agreement Signing**, 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.