



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

## WOMEN WHO CARE Event Details

When: Thursday, February 29, 2024  
Where: William Glesby Centre

- ❖ 150 Women in attendance, will commit to donating \$100 to CFPD to attend
- ❖ \$10,000 Grant will be awarded to 1 non profit organization that evening
- ❖ Organizing Committee will select 5 Non Profit organizations from the Portage la Prairie & District to make their pitch and convince the audience to grant them the \$10,000
- ❖ Pitchers will present to the audience using a combination of digital video and in person appeal
- ❖ Each woman in attendance will have 1 vote (by Poll) to select the recipient of the \$10,000 Grant
- ❖ Attendees will receive a \$100 tax receipt directly from the CFPD for their donation

## WOMEN WHO CARE GRANT Selection Process

- ❖ Applicants must prepare & submit the following application by **February 2, 2024**
- ❖ 5 Applicants will be chosen to pitch their organization/project/program at the Women Who Care Event using a combination of a digital video describing their organization as well as a short in person appeal as to why they should be awarded the \$10,000 grant
- ❖ **Successful Applicants will be notified by February 9, 2024**
- ❖ Applicant chosen for the \$10,000 grant will receive the funds immediately
- ❖ Grant funds must be used within 1 year of the event
- ❖ Within 90 days of project completion, submit an Evaluation Report with supporting photos and receipts, in a form required by the CFPD.

## WOMEN WHO CARE GRANT Eligibility Requirements

To ensure eligibility, Applicants are encouraged to carefully review the following Eligibility Guidelines, prior to completing a Women Who Care Grant Application.

1. Project must benefit primarily the citizens of Portage la Prairie and District, **and** support at least one of the CFPD's Objectives.
  - To support organizations providing social services in the community;
  - To assist and promote the arts and cultural activities;
  - To advance education;
  - To support and advance the provision of medical services;
  - To encourage and support physical fitness and health;
  - To support child welfare, youth development and family well-being;
  - To support the enhancement of the environment; and
  - To support and advance other community activities or facilities of a charitable nature.

Applicant must be a Non-Profit Organization, as defined under the *Income Tax Act*.

## **WOMEN WHO CARE GRANT GRANT APPLICATION CHECKLIST**

### ***All Applications must include:***

- Completed Application Form

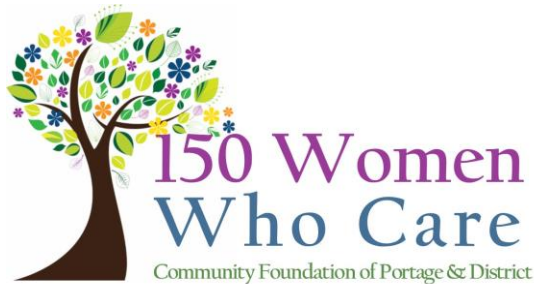
### ***If more than one Organization is submitting the Application, Application must also include:***

- Letter of Support from Partner Applicant Organization  
*(form available online to download)*

### **Application Deadline:**

Application & supporting documents can be dropped off at the office, mailed, or emailed to [executivedirector@cfpdi.ca](mailto:executivedirector@cfpdi.ca)

***YOU ARE RESPONSIBLE FOR ENSURING YOUR APPLICATION IS COMPLETE AND SUBMITTED ON TIME.  
INCOMPLETE, LATE, OR PAPER APPLICATIONS WILL NOT BE ACCEPTED.***



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## WOMEN WHO CARE 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: \_\_\_\_\_

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

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

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

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

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

1. Please describe your organization & its purpose in three or four sentences

### **PART 2 - PITCH DETAILS**

**Organization /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 |  |

1. Provide a description of the “Pitch” you will provide to the Women Who Care Audience.

2. Describe how this grant will impact our community & your organization.

## 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 public.
- If your application is selected to “pitch” at the Women Who Care Event, you understand that your organization will be required to:
  - **Prepare a presentation for the Women Who Care Event**
  - **Attend the Event to “pitch” their need for the \$10,000 grant on February 29, 2024.**
  - If selected, sign a Grant Agreement confirming the details of the grant.
  - Spend the funds for the approved purpose within 1 year of the event; and
  - **Within 90 days of project completion**, submit an 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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Signature

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Date