



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

**Please contact our office at 204-856-1971 prior to applying!**

## **GRANT PROCESS & GUIDELINES**

The Community Foundation of Portage & District (CFPD) is a public foundation serving the charitable needs of donors and grant seekers in the City & RM of Portage la Prairie. The contributions of donors are pooled into permanent endowment funds. A portion of the interest income earned from the endowment provides grants to financially support organizations whose primary focus is in the City & Rural Municipality of Portage la Prairie.

An appointed grants committee, made up of board members and community volunteers, makes a recommendation of grant recipients to the Board of Directors based on CFPD grant policies and applications received.

CFPD may find it necessary to limit the frequency of applications/grants of any one organization in order to ensure equitable access to funding support for all organizations. CFPD will also not consider applicants that have previously received funding and have not completed the formal reporting requirements.

Application form and all supporting documents are to be submitted electronically by e-mail to [INFO@CFPDI.CA](mailto:INFO@CFPDI.CA); mailed to 206 Saskatchewan Ave E, Portage la Prairie, MB R1N 0K9; or dropped off at the office.

**Annual application deadlines: March 15<sup>th</sup> & October 15<sup>th</sup>**

**NOTE: Applicants will be asked to attend an information session prior to applying.**

# GRANT ELIGIBILITY GUIDELINES

To ensure eligibility, applicants are encouraged to carefully review the following eligibility guidelines, prior to completing an application.

1. Project must be in, or be of benefit to the citizens of, Portage la Prairie and District.
2. Project must support at least one of the following objectives:  
Social services; Physical fitness and health; Arts and cultural activities; Education; Medical services; Environment; Child welfare, youth development, and family well-being; and other community activities or facilities of a charitable nature.
3. Applicant must demonstrate a strong and committed board of directors or governing body, a history of fiscal responsibility, and management qualifications.
4. Preference is given to projects which:
  - a. Address one or more of the challenges identified in the 2023 community assessment, including but not limited to:
    - Alcohol & Substance Abuse
    - Poverty
    - Crime & Safety
    - Mental Illness
    - Housing
    - Transportation
    - Racism
    - Childcare
  - b. Are developed in consultation with other agencies and planning groups and those which promote coordination, cooperation, and sharing among organizations and the elimination of duplicate services.
  - c. Promote volunteer participation and citizen involvement in the community.
  - d. Demonstrate evidence of community support and organization initiative.
5. Pilot or demonstration projects may be considered but must include provision for an evaluation and a realistic plan for financial viability beyond the pilot stage.
6. While it is impossible to address every scenario, the general exclusions where grants are not to be made are:
  - a. Regular ongoing operating expenses of established organizations or programs, such as wages, salaries, utilities, rent, insurance, annual fees, and/or licenses, etc.
  - b. Operating or capital deficits.
  - c. For term support, sabbatical leaves, student exchanges, and travel expenses.
  - d. Fundraising campaigns, events, or sponsorships.
  - e. Establishment or addition to endowment funds.
  - f. Religious activities, political activities, or advocacy initiatives.
  - g. General conference expenses.
  - h. Expenses incurred prior to receiving approval of grant.
  - i. To fund projects for which the applicant has sufficient internal resources.

**If you have any questions, please contact us by email at [info@cfpdi.ca](mailto:info@cfpdi.ca) or by phone at 204-856-1971 well before the deadline.**

## GRANT APPLICATION CHECKLIST

- Completed Application Form.
- Most current year-end financial statements, including an income/expense statement or statement of operations and balance sheet or statement of financial position.
- Total Revenue and expense budget for the current year.
- List of Organization's Board of Directors or members of Organization's governing body.
- Read & followed the 'Grant Process & Eligibility Guidelines' information above.

**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 more than one organization is submitting the application, application must also include:**

- Partner Applicant Support Form (found on our website, [link here](#)).

**YOU ARE RESPONSIBLE FOR ENSURING YOUR APPLICATION IS COMPLETE AND SUBMITTED ON TIME. *Please provide an explanation if the required documentation is not supplied.***

# GRANT APPLICATION FORM

## 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: \_\_\_\_\_

Charitable Tax/Business Number if applicable: \_\_\_\_\_

Has your organization received any previous grants from CFPD?

Yes  No

If yes, have all final grant reports been completed and submitted to CFPD?

Yes  No

Provide a brief description of your organization. Include what its purpose is, what services it provides, how it is funded, and who your members and/or clients are. If you have members, indicate if there is a fee to join.

If the Applicant Organization is partnering with another organization in this Application, a **Partner Applicant Support Form** must accompany this application (form available on our website, *link here*).

## PROJECT DETAILS

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

**Total Project Cost:** \$ \_\_\_\_\_ **Amount Requested:** \$ \_\_\_\_\_

**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 |  |

**Does your application address any of the following community challenges:**

- |  |   |
|--|---|
| <input type="checkbox"/> Alcohol & Substance Abuse | <input type="checkbox"/> Poverty        |
| <input type="checkbox"/> Crime & Safety            | <input type="checkbox"/> Mental Illness |
| <input type="checkbox"/> Housing                   | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Childcare                 |   |
| <input type="checkbox"/> Racism                    |   |

1. Describe the details of the project/program that you are requesting funding for. What is it that your organization intends to do, who and how many will benefit from the project, what is the timeline, how do you intend to fund the project into the future?

2. Describe what the relationship of the project is to the overall goals and services of your organization?

3. Provide evidence that the community needs the project specifically stating its benefits to Portage and District. Describe consultations with potential participants and/or other organizations. Describe any partnerships with other organizations in this project and/or potential participants in the project. Include letters of support.

4. What financial resources will be available for this project's continuation (if applicable)?

5. 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 (indicate which parts of the Project you would most like funding for):

6. How will you recognize CFPD and other Project Partners?

Media ready story

Signage/banner

Social media

Other (describe)

Photography

Website



Sources of Revenue		Confirmed	Unconfirmed
Requested from the CFPD			
Funding on Hand			
Other sources of Revenue (list)			
<b>Sub Total</b>		0	0
<b>Total Revenue: <i>This number must match "Total Expenses" above.</i></b>			0

### ACKNOWLEDGEMENT 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.
- 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 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 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.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_