

BRANDON AREA COMMUNITY FOUNDATION GRANT APPLICATION

*All applications and required support material to be submitted on or before September 30th to
Brandon Area Community Foundation*

*D.P.O. Box 22096
Brandon, Manitoba R7A 6Y9*

AGENCY PROFILE:

Agency Name: _____

Address: _____ Postal Code: _____

Phone: () _____ Fax: () _____ Email: _____

Charitable Registration No. _____

Date of Incorporation: _____ Total Organization Budget: _____

Number of Employees: Full time _____ Part time _____ Volunteers _____

Previous Grants: *Please list previous grants received from the Brandon Area Community Foundation in the last five years.*

Date	Purpose	Amount
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

GRANT REQUEST PROFILE:

Grant Request Description: _____

(Attach detailed funding proposal, describing the project and detailing how it will meet the granting criteria set forth in the Brandon Area Foundation's Guidelines for Grant Applicants)

Amount Requested: _____ Total Cost of Project: _____

Project Duration: From _____ to _____

Date Funds Required: _____

Manner in which project will be evaluated *(including time-frame for evaluation and final report)* _____

(attach schedule if necessary)

Plans for acknowledging a grant within the community _____

(attach schedule if necessary)

Source(s) of Funding

Please identify other sources of funding for this grant application.

_____ Pending Confirmed

_____ Pending Confirmed

_____ Pending Confirmed

Partial Funding

Would your organization be able to continue the initiative if you were to receive only partial funding in support of your request? Yes No

If no, please explain: _____

COMMUNITY REFERENCES

Please provide the name, address, telephone number and contact person for three organizations who may be contacted by the Brandon Area Community Foundation in support of your organization’s application for funding.

Three horizontal lines for providing organization details.

GRANT APPLICATION CHECKLIST

Please check off items to ensure that you have included all required documentation to complete your grant application.

- Checklist items: Grant Application Form, Annual Report, Most recent financial statements, Total revenue & expense budget for current year, Budget for proposed project, Detailed application proposal, List of Current Board Members, Photocopy of a void donation receipt or copy of agency agreement re CCRA Registration Number.

Please explain if item not available: _____

Three horizontal lines for explaining unavailable items.

Contact Person: _____

Name and Position _____

Phone Number: () _____ Fax: () _____ Email: _____

AUTHORIZATION: To be signed by two Officers of the Board of Directors for your Agency indicating awareness of the application request and verifying the application is complete.

Signature Position Date

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