# Grant Application Form

Purpose/Title of Grant Application

\* If additional space is required to complete any section of this application, please insert appendices \* Date of Submission:

## Contact Information

Organization:

**PORT CREDIT**

**COMMUNITY FOUNDATION**

**Enriching Lives**

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City, Postal Code |  |
| Phone |  |
| E-Mail |  |
| Website |  |

Contact Person:

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City, Postal Code |  |
| Phone |  |
| E-Mail |  |

If the organization is a registered not-for-profit or charity, please provide the Registration or Business number.

**Organization, Programs and Activities**

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| --- |
| If you have Terms of Reference and/or Mission/Values Statement, please include with this application. |
| Please briefly describe your organization (i.e. how long you have been in existence, what types of activities you undertake and how long have you been conducting the activities). |
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| --- | --- |
| On average, approximately how many people participate in your programs? |  |
| On average, approximately how many people are assisted by your programs? |  |
| What is the amount of the grant or donation requested? |  |
| If the grant or donation is for a specific project, please describe the project in detail with a copy of an itemized budget.  List the project goals, what activities you plan to undertake to achieve your anticipated outcomes, what performance indicators you will use to measure the benefits? | |
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| **Community Benefits** |
| Please describe the benefits/impact of this project to the community. Include how you will evaluate the project's success and how many people will benefit from your project. |
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## Funding / Financials

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| --- | --- |
| Has your organization received a prior grant or donation from The Port Credit Community Foundation? | Yes No |
| If so, how much and when. |  |
| For what other grants/funding have you applied? |  |

Please attach a copy of the current Financial Statements of your organization and detailed budget for the upcoming year.

## References

|  |  |  |
| --- | --- | --- |
| Please list three community references that are familiar with your organization.  These references should not be directly connected to your organization. | | |
| Name | Street Address, City, Postal Code |  |
| 1. |  | Phone: |
| E-Mail: |
| 2. |  | Phone: |
| E-Mail: |
| 3. |  | Phone: |
| E-Mail: |

|  |  |
| --- | --- |
| **Information Sharing** | |
| May we include your project on our web site? | Yes No |
| May we pass along your project details and group contact information to the media? | Yes No |

**Signatures**

|  |
| --- |
| Please attach a list of your Executive, Officers and Board of Directors |

|  |
| --- |
| Signature of Chairperson and/or Senior Staff submitting this application: |
| Date: |