



## GRANT APPLICATION

### AGENCY PROFILE

Organization Name: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Charitable Registration #: \_\_\_\_\_

Date of Incorporation: \_\_\_\_\_ Agency Website: \_\_\_\_\_

Number of Employees: Full time \_\_\_\_\_ Part time \_\_\_\_\_ Volunteers \_\_\_\_\_

Previous Grants: Please list previous grants received from the Brandon Area Community Foundation

Date:	Purpose:	Amount:

Was Final Grant Reports Filed: YES NO

### AGENCY INFORMATION

1. What is the purpose of the organization?

2. What services are provided? - Include target population, geographic area served, and number of people served.

**GRANT REQUEST**

**Amount Requested:**

**Total Cost of Project:**

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

**Completion Date:** \_\_\_\_\_

**Will the funds be spent within the following year?**      Yes      No

**1. Project Description:** (attach separate schedule if necessary)

**2. Source(s) of Funding**

Please identify other sources of funding and dollar amounts for this project:

<u>Name</u>	<u>Amount</u>		
_____	_____	Pending	Confirmed
_____	_____	Pending	Confirmed
_____	_____	Pending	Confirmed

**3. 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:

**4. Is your local Community Foundation a Funding Partner?**      Yes      No

If yes, elaborate:

If no, please explain:

**5. How will this project be evaluated? (attach schedule if necessary)**

**6. Can you recognize BACF by any or all of the below avenues if you are awarded a grant?**

Media ready story

Photography

Signage/Banner

Other, please explain below:

**COMMUNITY REFERENCES**

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

Organization \_\_\_\_\_ Contact Person \_\_\_\_\_

Email \_\_\_\_\_ Phone# \_\_\_\_\_

Organization \_\_\_\_\_ Contact Person \_\_\_\_\_

Email \_\_\_\_\_ Phone# \_\_\_\_\_

**ATTACHMENT TO BE INCLUDED**

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

- Most current Audited or reviewed Financial Statement
- Total revenue and expense budget for current year
- Budget for proposed project
- List of Current Board Members and contact information

**AUTHORIZATION**

This application must be signed by **an Officer of the organization's Board of Directors (Chair/President, Vice-Chair/Vice-President, Treasurer, Executive Director or General Manager of the organization)**. By signing this application the applicant agrees to the grant terms and conditions and gives BACF permission to publish photos, grant recipient stories, and grant information upon approval of the grant. Grant applications, which are not approved, will remain confidential.

\_\_\_\_\_  
Name and Title (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Date

**Completed application and required supporting documents must be received by BACF no later than September 29th. Grant applications can be mailed to**

**Brandon Area Community Foundation  
DPO Box 22096  
Brandon MB R7A 6Y9  
or delivered to our office  
Unit 5A - 457 - 9th Street, Brandon MB**

**For more information: Laura Kempthorne, General Manager  
Phone: (204) 571-0529 E-mail: info@bacf.ca Website: www.bacf.ca**

Any personal information requested on this application will only be used to assist with the assessment of your grant application.