



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: _____

1. Please provide the project description on a separate word document and attach with application.

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 yes, please elaborate:

4. Is your local Community Foundation a Funding Partner?

Yes No

If yes, please elaborate:

If no, please elaborate:

5. How will this project be evaluated?

(if more space is needed please attach separate word document)

6. If your project is successful, how will your organization recognize BACF and other funding partners?

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.

Name _____ Contact Person _____

Email _____ Phone# _____

Name _____ 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

To submit your Application

- Option 1: Download and email completed application and all attachments info@bacf.ca
- Option 2: Download and mail completed application and all attachments to:
Brandon Area Community Foundation
Box 22096 Brandon, MB R7A 6Y9

Disclaimer: BACF is not responsible for electronic applications not received.

Completed application and required supporting documents must be submitted to BACF by Friday September 28th, 2018 4:30 PM.

**For more information contact: 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.