



2019 Community 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 <input type="radio"/>	Confirmed <input type="radio"/>
_____	_____	Pending <input type="radio"/>	Confirmed <input type="radio"/>
_____	_____	Pending <input type="radio"/>	Confirmed <input type="radio"/>

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. How will you recognize BACF and other Project Partners?

- 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 30th. Grant applications can be mailed to

Brandon Area Community Foundation

DPO Box 22096

Brandon MB R7A 6Y9

or delivered to our office

Unit #2, 2830A Victoria Avenue, Brandon MB

For more information: Laura Kempthorne, Executive Director

Phone: (204) 571-0529 E-mail: laurak@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.