CAPITAL GRANT APPLICATION FORM

(Can only be applied for once every 3 years)

SECTION 1: ORGANIZATION PROFILE

Name of Organization: _____

Contact Person: _____

E-mail: _____

Mailing Address: _____

Phone Number: _____

Provide a summary of your mandate (purpose or mission) of your organization:

Provide a summary of the programs/services/activities your organization currently offers to the community:

SECTION 2: PROJECT INFORMATION

1. Project Title: _____

2. Project Grant Request Amount *(A maximum of $2500 per request for a capital project can be requested)*:

   _____

3. Provide a brief description of the project:

4. What is your project focus? *(please select one)*:

   Community Services

   Social Services

   Arts

   Culture

   Education

   Health

   Environmental

   Sports and Physical Activity

5. Who is your targeted audience for this project?

6. What is the location of the project/initiative/event?

7. Estimated number of people who will benefit from this project?

    Up to 100

    101 – 500

    501-1,000

    1,001 – 5,000

    5,001-10,000

    10,000+

8. How did your Organization identify the need for this project?

9. Describe any partnerships and/or collaborations for the project.

10. How will your Organization communicate and market your project to the community?

11. What has your Organization done in other active fundraising efforts?

SECTION 3: DOCUMENT CHECKLIST

- *See attached policy for all criteria*

Application Form

Detailed outline of a project plan, estimated cost and timeline

Financial Statements (Revenues, Expenses, Assets, Liabilities)

Project budget including revenue & expenditures for this project/activity

Documentation providing an attempt to access Provincial Grant funding for this project

SECTION 4: DECLARATION

By signing and submitting this application form, I confirm that:

1. The information provided on this application is true, complete and correct.
2. I have read, understand and agree to abide by the terms and conditions governing this grant as outlines in the Community Grant Funding Policy

Applicant Name: _____

Applicant Signature: _____

Date: _____