

Grant Application Form



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

Date of Submission: _____

Contact Information

Organization:

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.	
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Organization, Programs and Activities

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).

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.

Funding / Financials

Has your organization received a prior grant or donation from The Port Credit Community Foundation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>
May we pass along your project details and group contact information to the media?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Signatures

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

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

Date: