

GRANT APPLICATION

If space is insufficient, please add supplementary data.

A: ORGANIZATION INFORMATION

Organization:	Phone:
Contact:	Email:
Mailing Address:	No. of employees:
Charitable Tax #:	

General description of agency, including population directly served and principal geographic area of service.

Attachments required:

- ______ A list of the organization's executive and directors.
- _____ A copy of the organization's budget for the current year.
- _____ A copy of the organization's latest financial statement for the one year.
- _____ A copy of the current project plan (if available) for which this grant is being sought.

B: GRANT REQUEST

C: PROJECT INFORMATION

Have you approached other sources for support? Yes _____ No _____

Name	Amount	Confirmed	Unknown

Describe the projects purpose and how it relates to the overall mission of the organization.

Cite evidence of the need for the project and tell us how the project will benefit the local community. Describe any consultations with government or other agencies that relate to this project.

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Describe the ca	DADIIII V OL V	vour organi/ation	TO CONQUELINE D	rolect and note s	Decial Statt Oualincations.
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If the project is successful,	what financial	resources will	be available for it	s continuation?
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How will the Altona Community Foundation be recognized for their contributions to this project?

Has this request been authorized by your organization's board? Yes _____ No ____ When? _____

This application must be signed by the President or a	nother officer of the organization's governing board.
Name:	Title:

Name of individual from whom further information may be obtained:
Name: ______ Title: _____ Email: _____

Please submit Grant Application and all supplementary documents to:

Altona Community Foundation Box 2076 Altona, MB R0G 0B0 info@altonacommunityfoundation.com

Please note that all successful grant applicants will have their picture posted on the Altona Community Foundation website: www.altonacommunityfoundation.com

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