## W. C. Miller YIP Grant Application Form

|  | W.C. Miller YIP   |
|--|---|
| Date:  | 181-6 <sup>th</sup> St. SE<br>Altona, Manitoba  |
|  | ROG 0B0   |
| Organization Name:   | Phone 204-324-6416  |
| Address:   | Fax: 204-324-8525  Our Mission  The W.C. Miller Youth in Philanthropy Group seeks t support projects that benefit young people and families. We promote health, learning and an |
| Province:  |   |
| Postal Code:   |   |
| Charity Number:  |   |
|  | active lifestyle.   |
| Contact Person   |   |
| Name:  |   |
| Position:  |   |
| Phone:   | -   |
| Email:   | -   |
| Please attach your budget for the current year and a copy of last year organization. | 」<br>ar's financial statement for your  |
| What is the amount that you'd like to request? What is the projected                 | I completion date of your project?  |
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| Please describe the project for which you'd like our support.                        |   |
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| Please explain why your project is needed at this time.                                    |  |
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| How does your organization impact our community? How will this project help?               |  |
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| Please describe some of the previous projects your organization has completed.             |  |
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| What other fund-raising efforts have you undertaken?                                       |  |
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| What is your organization's mission statement?   |  |
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| Please share any other details that you feel would help us better understand your project. |  |
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**Submissions are due by May 7, 2021.** If your grant is approved you will be notified by May 15, 2021. You will have until November 15, 2021 to complete your project. Receipts showing expenses are required before any grant money will be granted. Please contact us at <u>zachariasv@blsd.ca</u> if you have further questions.