



GRANT APPLICATION

Box 991, Invermere, B.C. V0A 1K0
www.valleyfoundation.ca info@valleyfoundation.ca

Please fill out the following questions as accurately and as thoroughly as possible in the space provided. (This form may be retyped on a computer if you prefer.) The Foundation reserves the right to request additional information if it considers it appropriate to do so.

Name of Organization (Legal Name): _____
(Organization that will be responsible for final report)

Organization operating name : _____
(if different from above see policy on Information Sheet for Applicants regarding Charitable Status)

Contact Person: _____ **Title:** _____

E-MAIL ADDRESS _____

Address: _____

Telephone: _____ **Fax:** _____

Charitable Registration Number: _____

B.C. Society Number _____

Mission/Goals of Organization:

We certify that this application has been reviewed and authorized by the Board of Directors of the organization listed above. (To be signed by two directors or one Director and a senior staff person.)

Print name and title

Print name and title

Signature

Signature

Project Title: _____

Is this a new or an existing project?

Duration of project: From _____ To _____

When are the funds required for the project? _____

Total cost of project: _____ Amount of grant requested: _____

Describe the nature and scope of the project:

How will the Columbia Valley, especially from Spillimacheen to Canal Flats, benefit from this project?

Describe your plan of action including the methods you will use to evaluate (measure the success of) this project, and why you think the project will work.

Describe the capability of your agency to conduct the project and note any special staff qualifications.

Do you intend to cooperate with other agencies or non-profit organizations on this specific project? If not, why not?

Will this project need to be funded in the future, and if so, how will it be funded?

How will you acknowledge the sponsorship of the Columbia Valley Community Foundation?

Is there anything else you would like us to know about your proposal?

Please provide name of person who will be responsible for completing a Final Report and submit it to the CVCF. This is a requirement.

The Board will request that your organization create a short anecdotal story at the completion of your project that describes how your project created a change or benefit to the community. We will be collecting these stories for the generous donors that have made these funds available, and for future fundraising. Your project is “ on the Front Line” representing the work of the CVCF, so acknowledgment and sharing of stories is important.

Please attach to this application:

- List of Board of Directors
- Most recent financial statements (audited or review engagement)
- Copy of letter from Revenue Canada granting charitable status
- Annual report or brochure/pamphlet – if available

PROJECT BUDGET

ESTIMATED EXPENSES

Salaries/Fees/Honoraria	\$ _____
Printing	\$ _____
Materials/Supplies	\$ _____
Advertising/Promotion	\$ _____
Office Expenses (specify)	\$ _____
Other (specify)	\$ _____
Total Expenses	\$ _____

ESTIMATED REVENUE

Please itemize all sources including fees, donations, earned revenue, fundraising (specify), grants (specify), and Columbia Valley Community Foundation grant.

\$ _____	
\$ _____	
\$ _____	
\$ _____	
\$ _____	
\$ _____	
\$ _____	
\$ _____	
\$ _____	
\$ _____	
\$ _____	
Total Revenue	\$ _____

OTHER

Do you have a reserve fund? How much? \$ _____
For what purpose?