

GRANT APPLICATION

AGENCY INFORMATION

Name of Organization _____

Charitable Registration Number: _____ RR 0001 ****REQUIRED**

Primary Contact Person _____

Title _____

Telephone _____

Email _____

Mailing Address _____

Postal Code _____

Year Established _____

Website _____

Number of Employees: Full-time _____

Part-time _____

Number of Board Members: _____

ATTACHMENTS TO BE INCLUDED

- List of officers of the Governing Board and all Directors
- Copy of the most current audited or reviewed financial statements
- Detailed Project Budget including quotations for capital purchases

GRANT REQUEST

AMOUNT REQUESTED \$ _____

TYPE OF GRANT REQUESTED:

- Special project/program
- On-going project/program
- Health related projects/programs
- Sport Legacy - promotion and enhancement of sport leadership and/or sport development

Project Description Summary:

Project Start Date: _____ **Completion Date:** _____

This application must be signed a Member of the Board of Directors of your organization.
(Chair/President, Vice-chair/Vice-president or Treasurer)

Signature _____

Title _____

FOR OFFICE USE ONLY		
FILE # _____	DATE RECEIVED _____	ACKNOWLEDGEMENT SENT (date) _____
AMOUNT REQUESTED _____	AMOUNT APPROVED _____	Final Report Received _____

GRANT APPLICATION

Project Information

1. Describe the project, including the purpose of the project and goals.

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2. Describe the involvement of your organization, members of the community and other organizations in the development and implementation of the project.

3. Tell us how the project will benefit the community.

4. How are the operations of the organization funded? (i.e. private, government)

5. Have you approached other sources of support? Yes No

Name	Amount	Confirmed	Unknown

6. If this project is successful, what financial resources will be available for its continuation?

7. When did the governing board approve this project?

GRANT APPLICATION

8. How will the Winkler Community Foundation be recognized in contributing to this project?

Agency Information

1. What is the purpose of the organization?

2. What services are provided? – include target population, geographic area served, #of people served

3. Who are the major operational funders of the organization?

4. When is the last time your organization received a grant from:
Winkler Community Foundation _____ Youth in Philanthropy _____

By signing this application the applicant agrees to the expectations of grant recipients and gives WCF permission to publishing grant info upon approval of the grant. Grant applications, which are not approved, will remain confidential.

Please send **1 digital copy** and **1 print copy** of your application and supporting documents to:

**Winkler Community Foundation,
185 Main Street, Winkler, MB R6W 1B4
Email: admin@winklercommunityfoundation.com**

For more information: Myra Peters, Executive Director

Phone: (204) 362 9292 E-mail: myra@winklercommunityfoundation.com