

Application Form

Registered Name of Organization:

Mailing Address:

E-mail Address:

Phone #:

Cell #:

Contact Person:

Position/Title:

Is your organization registered as a non-profit society or corporation? Yes No

Act Registered Under:

Registration Number:

Does the organization have charitable status? Yes No

Will your organization provide tax receipts to those who request it?

Yes No

Is this organization governed or managed by a Board of Directors, council or committee?

Yes No

Please provide Board Members' names and position on Board

Organization's Background, Purpose or Mandate:

Beginning Date:

Completion Date:

Program/Project Name:

Program/Project Description: (Please provide as much detail as you can. Funds cannot be used for administrative costs)

Statement of Need:

What community need will your program/project address?

Brief Goal Statement:

What do you hope to achieve with your program/project (overall change or impact)?

Your Goal Statement: Broad Strategy:

How will the project address community needs?

Your Activities Partnerships:

What other community groups are you working with and in what capacity?

List other funding sources for this particular program/project.

Please note that consideration will be given to all local non-profits. Funds cannot be used for administration purposes, travel, or operating costs.