



COMMUNITY FOUNDATION  
OF SWAN VALLEY  
BOX 1509  
SWAN RIVER MB ROL 1ZO

## APPLYING FOR A GRANT

Our **Vision** Statement reads as follows:

**“PRESERVING AND ENHANCING THE QUALITY OF LIFE IN THE SWAN VALLEY”.**

Our **Mission** Statement:

“The Community Foundation of Swan Valley exists to raise, invest, and grant through community leadership, education, and effective partnerships thereby enhancing quality of life for our community.”

**The “Community” encompasses the Rural Municipalities of Swan River, Minitonas, and Mountain, North and South as well as any towns within these Rural Municipalities.**

In order to accomplish the Foundation’s mission effectively and efficiently, the Board of Directors have developed a thorough review process for grant applications. **THE GRANTING GUIDELINES ARE LISTED HERE FOR REVIEW PRIOR TO COMPLETING AN APPLICATION FORM:**

- Grants are made to non-profit organizations with Charitable Registration Numbers or other qualified applicants under the Income Tax Act.
- Organizations must demonstrate a strong and committed board, fiscal responsibility, and effective management.
- Projects must benefit primarily the people of the “Community”.
- Applicants must establish that there is a need for their project.
- Grants are awarded for definite purposes and for projects covering a specific period of time.
- Capital requests must include a maintenance and replacement plan.
- Pilot or demonstration projects must include provision for evaluation and a realistic plan for financial viability beyond the pilot stage.
- Matching or challenge grants may be made in appropriate circumstances to stimulate response from other sources.

**Preference is given to projects which:**

- Benefit the whole community.
- Encourage more efficient use of community resources
- Demonstrate new approaches and techniques in the solution of community problems.
- Promote cooperation and sharing among organizations, eliminating duplication of services
- Promote volunteer participation.
- Strengthen management capabilities.

**Grants are not made to or for:**

- Individuals
- Political activities
- Establish or add to endowment funds
- Annual fund drives
- Direct religious activities

# GRANT APPLICATION



**Community Foundation of  
Swan Valley Inc.  
Box 1509  
Swan River MB R0L 1Z0**

TITLE OF INITIATIVE: \_\_\_\_\_

Amount requested from the Community Foundation of Swan Valley: \$ \_\_\_\_\_

When will these funds be required? \_\_\_\_\_

Total amount need for project: \$ \_\_\_\_\_

APPLICANT ORGANIZATION: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Position: \_\_\_\_\_

Project Manager: \_\_\_\_\_ Position: \_\_\_\_\_

Charitable Registration #: \_\_\_\_\_ Date of Founding: \_\_\_\_\_

Organization's Mission Statement (Statement of Purpose):  
\_\_\_\_\_  
\_\_\_\_\_

Have you approached other sources for support?  Yes  No

Name/s of other sources applied to: \_\_\_\_\_

Number of paid staff: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Number of volunteers involved in your organization: \_\_\_\_\_

**AUTHORIZATION:**  
We certify that this application for funds has official approval from the organization's Board of Directors.

\_\_\_\_\_  
Signature of Chief Volunteer Officer      Date      Signature of Senior Staff Officer      Date

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Position: \_\_\_\_\_ Position: \_\_\_\_\_



**CARRYING OUT THE INITIATIVE** (continued)

What knowledge, skills and experience does your organization have which qualify it to carry out this plan?

Will volunteers be involved in this initiative? How?

Proposed start-up and completion dates for initiative:

**EVALUATING THE OUTCOME**

How and by whom will the initiative be monitored and the results evaluated?

**COMMUNITY SUPPORT/COORDINATION**

Describe the community support you have gathered for this initiative and how you will coordinate your plans with others who are serving similar needs or populations.

How is your project different from and/or better than existing services?

**PROPOSED BUDGET:**

**EXPENDITURES;** (Itemize below or attach a separate page)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL	\$ _____

**REVENUE:** (List all potential partners/sources and results to date.)

<u>Source</u>	<u>Purpose for which these funds will be used</u>	<u>Amount</u>	<u>Results</u>
Contribution of Applicant	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
	<b>TOTAL:</b>	_____	_____

**OTHER FINANCIAL CONSIDERATIONS**

What would happen if the Community Foundation of Swan Valley provided only a portion of the amount requested?

If this is an ongoing program, how will it be sustained after the initial funding period?

**\* Please provide a Current Financial Statement of your organization.**

**FOR OFFICE USE ONLY**

APPLICATION # \_\_\_\_\_ Grant amount requested: \_\_\_\_\_

Date: \_\_\_\_\_ Grant amount approved: \_\_\_\_\_

Approval Date: \_\_\_\_\_ Chair Signature: \_\_\_\_\_