



COMMUNITY FOUNDATION
 OF SWAN VALLEY INC.
 BOX 1509
 SWAN RIVER MB ROL 1Z0
 204-734-9129

Grant Application

Application Period Feb 1 - March 5, 2021 5 p.m.

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."

In order to accomplish the Foundation's mission effectively and efficiently, the Board of Directors have developed a thorough review process for grant applications. **PLEASE REFER TO THE GRANTING POLICIES AND GUIDELINES AS PROVIDED ON THE CFSVI WEBSITE PRIOR TO COMPLETING THIS APPLICATION.**

➤ **Organization must attend a granting ceremony to receive grant and submit a follow-up narrative report with photos.**

APPLICANT ORGANIZATION: _____

Address: _____

Email: _____

Telephone: _____

Fax: _____

Contact Person: _____

Position: _____

Project Manager: _____

Position: _____

Charitable Registration #: _____

Date of Founding: _____

*****Non-profits and not-for-profits without a charitable registration number MUST attach a signed Partnership Agreement form as provided on the CFSVI Website.

TITLE OF PROJECT GRANT APPLIED FOR _____

Amount requested from CFSVI: \$ _____

Total project value: \$ _____

Project start date: _____

Projected completion date: _____

BEFORE YOU SUBMIT OUR APPLICATION, HAVE YOU:

1. Completed all three pages of the application and secured two signatures from your Organization?
2. Attached a current financial statement for the Organization and at least two project quotes?
3. If you do not have a registered charity number with CRA, have you included a signed Partnership Agreement form a "Qualified Donee"? Call the Community Foundation if you are not clear on this process, 204-734-9129.

THE INITIATIVE

Describe your initiative, why it is needed, who and how many will be served and the anticipated results and or benefits.

CHARITABLE PURPOSE

Describe the charitable purposes of this initiative.

***As per Revenue Canada, charitable purposes as categorized as follows: relief of poverty, advancement of education, or certain other purposes beneficial to the community in a way the law regards as charitable. Please refer to <https://www.canada.ca/en/revenue-agency/services/charities-giving/charities/applying-registration/charitable-purposes.html> for a complete description of charitable purposes and activities.

CARRYING OUT THE INITIATIVE

What activities will you undertake to achieve the intended results?

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?

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.

If the service already exists, how is your project different from and/or better than existing services?

EVALUATING THE OUTCOME

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

PURPOSE OF FUNDING REQUEST

Grant will be used for: (a) _____ Service Expansion/Improvement
(b) _____ New Program
(c) _____ Capital Expenditures

PROPOSED BUDGET - List in order of priority need and **attach at least two quotations.**

EXPENDITURES:

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

REVENUE: Have you approached other sources for support? Yes No
(List potential partners/sources and results to date.)

<u>Source</u>	<u>Purpose funds will be used for</u>	<u>Amount</u>	<u>Results (confirmed or Pending)</u>
Applicant contribution	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL:		_____	_____

***Please provide a current financial statement for your Organization.**

OTHER FINANCIAL CONSIDERATIONS

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

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

SIGNATURES

Two signatures are required from your Organization to apply for the grant.

Signature Date
Name: _____
Position: _____

Signature Date
Name: _____
Position: _____