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2012 GRANT APPLICATION FORM

Grant Application Deadline: Monday, February 6, 2012

IMPORTANT:

Fax and Email copies of this application form will NOT be accepted.
Hard copies must be delivered or mailed to 390 Main Street in Penticton.

Name of Organization: _____

Contact Person: _____ Title: _____

Address: _____

City: _____ Postal Code: _____

Telephone: _____ Fax: _____

Email: _____ Web Site: _____

Charitable Registration Number: _____

As per Canada Revenue Agency requirements, CFSSO shall verify all charitable registration numbers

-OR-

Sponsor Agency for Project: _____

A Sponsor Agency Agreement Form is required and must be included with this application.

Sponsor Agency Registration Number: _____

PROJECT TITLE: _____

PROJECT SCOPE: _____

Total Project Cost

Amount Requested

Project Time Frame: *When you expect to start and complete your project?*

Project Location: *What area, region, or town will be impacted by your project?*

Beneficiaries: *Who will benefit from your project?*

Project Description: *Please identify the volunteer commitment and community support for your project.*

What is the goal or objective of your project? What do you hope to achieve?

Be sure to explain how your project will benefit your community or the region.

How will the project be monitored and the results evaluated?

How will this project be funded in the future (if applicable)?

What specific items would be covered by a grant from the Community Foundation and how will the grant be recognized?

PROJECT BUDGET

Please give a detailed outline of your project budget. Do not include the overall operational expenses of your organization – only the particulars related to the proposed project. Note – project revenues and expenses should balance.

Project Expenses:

Item	Amount
Total:	

Expected Project Revenue:

Sources of Revenue	Confirmed	Unconfirmed
Requested from CFSO		
Funding on hand		
Other Sources of Revenue:		
Total:		

AUTHORIZATION:

We certify that the governing body of this organization has authorized this application.

Board Member: _____

Senior Staff Person: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

Please attach to this application:

1. SEVEN (7) copies of this four (4) page application must be submitted
2. One (1) copy of your Agency’s most recent financial statements (audited financials preferred)
3. One (1) list of the Board of Directors or members of the governing body for your organization
4. One (1) Sponsor Agency Agreement Form (if applicable)
5. Two (2) quotations for capital projects (if applicable)
6. One (1) copy of your most recent Annual Report or other documents describing your organization, including principal activities, purpose and other noteworthy information

NOTE: The details of your application may be made available to our donors and to the public.