



**COMMUNITY FOUNDATION
OF SWAN VALLEY INC.
BOX 1509
SWAN RIVER MB R0L 1Z0
204-734-9129**

APPLYING FOR A GRANT (Deadline Oct 31, 2017)

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 Municipalities of Swan Valley West, Minitonas-Bowsman, and LGD Mountain as well as any towns within these 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 LISTED ARE HERE FOR REVIEW PRIOR TO COMPLETING AN APPLICATION FORM:**

- Grants are awarded 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 time period.
- 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.
- Organization must attend the annual granting ceremony to receive grant and submit a follow-up narrative report with photos.

Preference will considered for 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
- Operating Fund including meals, accommodations and travel expenses.

Revised May 1, 2017

GRANT APPLICATION



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

TITLE OF PROJECT GRANT APPLIED FOR: _____

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

When will these funds be required? _____

Total amount need for project: \$ _____

APPLICANT ORGANIZATION: _____

Address: _____ Email: _____

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 organizations Board of Directors.

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

Name: _____ Name: _____

Position: _____ Position: _____

PURPOSE OF FUNDING REQUEST

Grant will be used for: (a) _____ Service Expansion/Improvement
 (b) _____ New Program
 (c) _____ Capital Expenditures
(List in order of priority need under Proposed Budget and
attach at least two quotations.)

THE INITIATIVE

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

CARRYING OUT THE INITIATIVE

What activities will you undertake to achieve the intended results?

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	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
	TOTAL:	_____	_____

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: _____