



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

**Grant Application**  
**Application Deadline Feb 28, 2018-5 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: \_\_\_\_\_

**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</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?

**AUTHORIZATION**

We certify that this application for funds has official approval from the organizations Board of Directors.

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

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

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

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

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

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