

COMMUNITY GRANT PROGRAM APPLICATION

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Contact with the SDCF office is highly recommended prior to submitting a grant application along with reviewing the Grant Guidelines. All fields outlined in red must be completed. Please use N/A for not applicable.

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Granting will take place two Fall Intake: September 3		application deadlines being: Spring Intake: February 28 th		
AGENCY INFORMAT	ION:			
Name of Organization				
Charitable Registration No	umber:	RR 0001 **REQUIRED		
Address				
Postal Code	Telephone	Fax		
Primary Contact Person		Title		
Telephone	Email			
Year Established	Website			
Number of Board Member	rs: N	umber of Staff Members (Full & Part Time):		
Attachments to be included with application: List of officers of the Governing Board and all Directors Copy of the most current audited or reviewed financial statements Income and expense budget for the current fiscal year Detailed Project Budget including quotations for capital & equipment purchases				
GRANT REQUEST:				
PROJECT INFORMATION:				
Project Description Summary:				
Project Start Date:	С	ompletion Date:		



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Project Information – additional detail:

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1.	Describe the project, including the purpose of the project and goals.
2.	Describe the involvement of your organization, members of the community and other organizations in the development and implementation of the project.
3.	Site evidence of the human or community need for the project specifically stating its significances to the communities within the R.M.s of St Andrews and St Clements and the City of Selkirk.
	Have you approached other sources for support? Yes No ime Amount Confirmed Unknown
5.	If this project is successful, what financial resources will be available for its continuation?
6.	If this project is successful, how does the organization propose to recognize the SDCF?



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AGENCY INFORMATION:
1. What is the purpose of the organization?
What services are provided? – include target population, geographic area served,# of people served
3. Have there been any major changes to the organization's operational funding over the past 3-5 years, if so please explain?
This application must be signed by two of the organization's Board Members. (Chair/President, Vice-chair/Vice-president or Treasurer - By signing this application the applicant agrees to the expectations of grant recipients and gives SDCF permission to publishing grant info upon approval of the grant. Grant applications, which are not approved, will remain confidential.) Any personal information requested on this application will only be used to assist with the assessment of your grant application.
Signature Title
Signature Title
To Submit Your Application:
Option A: Please download and email the completed application and supporting attachments to fin.manager@sdcf.ca . SDCF is not responsible for electronic applications not received.

Option B: Please download and deliver hard copies of the completed application and supporting attachments to Selkirk District Community Foundation, 200 Eaton St., Selkirk, MB R1A 0W6.

Additional questions? Please contact the Selkirk District Community Office at (204) 785-9755.