**Contact with the SDCF office is highly recommended prior to submitting a grant application along with reviewing the WCSG Legacy Fund Grant Guidelines.**

Legacy Fund Granting takes once per year with application deadline being: **February 28th**

**APPLICANT**

Name of Host Community or School Division:

Name of CAO *or* Superintendent: Signature:

Address: Postal Code:

Telephone: Email:

Charitable Registration Number: *or* Ability to Provide Tax Receipt

**The Project**

Name of Organization:

Contact person: Title:

Address: Postal Code:

Telephone: Email:

Year Established: Website:

Number of Board Members: Number of Staff (Full & Part Time):

**ATTACHMENTS TO BE INCLUDED**

## List of officers of the Governing Board and/or Volunteer 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 equipment purchases

Statement from the Provincial Sport Organization (PSO), stating the volunteer organization is “in good standing” with the PSO along with a confirmation of the date and location of the event/ program (if applicable)

**GRANT REQUEST**

### **AMOUNT REQUESTED** $

**Project Information**

**Project Description Summary:**

**Project Start Date:** **Completion Date**:

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 organization’s community and service area.
4. Have you approached other sources for support?  Yes  No

Name Amount Confirmed Unknown

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1. What financial resources will be available for this project’s continuation?
2. If this project is successful, how does the organization propose to recognize the SDCF?

# Organization Information

1. What is the purpose of the organization?
2. 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.)

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**Signature Title**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Title**

*Any personal information requested on this application will only be used to assist with the assessment of your grant application.*

**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 Foundation office at (204) 785-9755.