

CHILLIWACK FOUNDATION GRANT APPLICATION FORM

Directions: Please complete all sections of this Application Form. Additional pages may be attached if more space is required and supporting documents should be attached as necessary. Please submit **10 copies** of this Application Form and the necessary supporting documents to the Chilliwack Foundation at the following address:

Chilliwack Foundation
c/o MNP LLP Accountants
45780 Yale Road West
Chilliwack, BC V2P 2N4

In order to be eligible for acceptance, all Grant Applications must meet all of the following requirements:

- All copies of this Application Form must be collated with all supporting documents.
- Please do not enclose the Application Form and supporting documents in folders, binders, duotangs or similar enclosures to minimize the amount of recycling/waste.
- All Grant Applications must be submitted on or before 5:00 PM Pacific Standard Time on the application deadline for the current Grant season (Spring or Fall), which can be found on the Chilliwack Foundation website (www.chilliwackfoundation.com). Late applications will not be accepted.
- Grant funds requested must be used for capital projects or capital components of projects, including the purchase of equipment and renovations to buildings. Requests for funds for operations, including salaries and other staff costs, honorariums and operating costs, will not be entertained.
- All recipients of Grant funds from the Chilliwack Foundation must have a charitable registration number with Canada Revenue Agency. Please note that the cheques for approved Grant Applications will be issued to the entity associated with the Canada Revenue Agency charity registration number listed below.

APPLICATION SUMMARY

DATE OF APPLICATION: _____

NAME OF ORGANIZATION: _____

**CANADA REVENUE AGENCY
CHARITABLE REGISTRATION NO. (REQUIRED):** _____

SHORT DESCRIPTION OF PROJECT: _____

GRANT AMOUNT REQUESTED: _____

1. ORGANIZATION DETAILS

Name of Organization: _____

Address: _____

Telephone Number: _____

Contact Person: _____

Contact Person Phone: _____

Contact Person Email Address: _____

BC Society Registration Number (if applicable): _____

Board of Directors (names, addresses, telephone numbers) (attach list, if necessary)

Manager/Executive Director/President/Board Chair/Equivalent: _____

Briefly state the history of your organization:

2. PROJECT AND GRANT DETAILS

Short title of the proposed project (the “Project”): _____

Briefly describe the Project, its specific goals and how they will be accomplished:

What Grant amount is being requested from the Chilliwack Foundation? _____

What are the projected start-up and completion dates for the Project? _____

Briefly describe who the Project will benefit and how: _____

3. FINANCIAL STATEMENTS

Please attach a copy of your organization's most recent Financial Statements and Current Year Budget to each copy of this Grant Application.

4. PROJECT BUDGET SUMMARY

Budgeted Expenditures for the Project:

| | |
|---------------------|---------------|
| Salaries | \$ _____ |
| Rent/Utilities | \$ _____ |
| Capital Costs | \$ _____ |
| Other Expenditures: | |
| <u>Description</u> | <u>Amount</u> |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| TOTAL | \$ _____ |

(Note: Please attach copies of quotes for the project for work to be completed by third parties and for items to be purchased.)

(Note: Salaries and other staff costs, honorariums and operating costs are **not** funded by the Chilliwack Foundation.)

Budgeted Revenue Sources for the Project: (Note: Please list all proposed sources of revenue for the Project and the amounts to be received from each source below.)

Signature of Authorized Signatory for your
organization

Name (please print)

Title (please print)

Date Signed: _____