

GRANT APPLICATION FORM (2010)

Your Organization's Legal Name:	
Your Organization's Operating Name (if different from above):	
Contact Person:	Title or position in organization:
Address:	Phone No. (.)
	Cell No. ()
	Fax No. ()
E-mail address for your contact person:	
Amount Requested of Coquitlam Foundation is \$_____	
Registered Charity No. or Registered Business Number: RR B.C. Society No. (if applicable)	
Name of project for which you are applying for a grant	
Project Description	
Goals and objectives of the project:	

Plan of Action (please add an addendum or expand this section as needed to explain your project to the C.F. grants committee)

Please attach the following:

- Total Project Budget (form provided below)
- Financial Statement for last complete year
- Operating budget for current year
- Information on any other grants received or applied for
- Information on any Gaming grant monies received or anticipated
- Board of Directors list (please indicate positions, e.g. Chair, Treasurer)
- Staff list (specific to the project outlined, supervisor of project, etc.)

Please summarize the mandate and activities of your organization:

Description of community involvement and collaboration with other agencies

Please consider the following and comment on any or all as you deem relevant to your proposal. Thank you.

- What strengths and abilities to be found among community members will your project require?
- Are there new skills that individuals will have to develop in order for the project to succeed?
- In what kinds of ways will people in the community need to work together for the project's planning and implementation?
- **In what ways will you know that your project has contributed to improving our community?**

SUMMARY OF PROJECT BUDGET

EXPENDITURE		
Item(s) & Description	Cost	Amount from Foundation
Rent/Utilities/Telephone		
Equipment/Supplies/Postage		
Printing/Photocopying		
Publicity/Promotion		
Production Costs		
Distribution		
Capital (please specify)		
*Salaries/Benefits		
Professional fees, honoraria		
Travel		
Other (please specify)		
TOTAL		

Please note that most community foundations do not provide funds for salary or operational costs.

REVENUE				
Source of Revenue	Assured	Potential	Total	Contact/Tel.
Coquitlam Foundation				
Your organization				
Cash				
In-kind gifts				
Volunteer				
Gaming funds?				
Other: (specify)				
TOTAL				

Name and Title of person authorized to sign off on project budget/accept funds:

Signature:

Date signed:

SUPPORTING DOCUMENTS (if any)

If you are attaching/enclosing additional supporting documents that were not requested above, please list these below (in addition to attaching them).
Thank you.

<u>Item:</u>		Office use only