



**GRANT APPLICATION**  
**MAPLE RIDGE COMMUNITY FOUNDATION**  
P.O. BOX 370, Maple Ridge, BC V2X 8K9  
Phone: (604) 466-3312

**PROJECT TITLE** \_\_\_\_\_

Amount requested from the Maple Ridge Community Foundation \$ \_\_\_\_\_

When would these funds be required? \_\_\_\_\_

Total project budget? \_\_\_\_\_

**APPLICANT ORGANIZATION** \_\_\_\_\_

*(If joint application, this organization would administer any grant awarded)*

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Position: \_\_\_\_\_

Project Manager: \_\_\_\_\_ Position: \_\_\_\_\_

Charitable Registration#: \_\_\_\_\_ Date of Founding: \_\_\_\_\_

Names and Addresses of Directors (please attach)

Organization's Mission Statement/Statement of Purpose (please attach)

Number of Paid Staff: Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_

Number of Volunteers Involved in Organization: \_\_\_\_\_

**AUTHORIZATION\* (Two Signatures Required)**

*We certify that this application for funds has official approval from the organization's Board of Directors.*

**Signature**                      **Date**                      **Signature**                      **Date**

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

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

\*Note: If there are co-applicants, please append additional authorizations

**FOR OFFICE USE ONLY**

Application # \_\_\_\_\_ Date Received: \_\_\_\_\_

Amount Requested: \_\_\_\_\_ Amount Recommended: \_\_\_\_\_ Date: \_\_\_\_\_

Source of Funds: \_\_\_\_\_

Amount Awarded: \_\_\_\_\_ Date: \_\_\_\_\_ Response to Applicant Date: \_\_\_\_\_

**PURPOSE OF FUNDING REQUEST**

Grant will be used for:

- (a) \_\_\_\_\_ Service Expansion/Improvement
- (b) \_\_\_\_\_ New Program
- (c) \_\_\_\_\_ Capital Expenditures

(if so, list in order of priority need under "The Project" including separate cost for each item)

**THE PROJECT**

Describe the need for your project, location of your project, who and how many will be served and the anticipated results/benefits. Attach any supporting documentation/research which further defines the need and letters of authorization from agencies from whom approval is required.

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If the grant is for a capital project, who will own the asset?

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If the owner is a society, who would own the asset upon dissolution of the society?

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**CARRYING OUT THE PROJECT**

What knowledge, skills and experience does your organization have which qualify it to carry out this project?

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What activities will you undertake to achieve the intended result? Is your group doing any local fundraising itself? If yes, what types of fundraising? Have you applied to other groups for funding/are you receiving funds from other groups? If so, how much have you applied for/received?

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Will volunteers, apart from your Board, be involved in the project?

Yes

No

If yes, how many? \_\_\_\_\_ How? \_\_\_\_\_

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Do you agree to provide a statement of expenditures for the project where the Maple Ridge Community Foundation has provided a grant?

Yes  No

Will any of the funds for the project be expended with or to an individual or organization with whom the applicant does not deal at arms length?

Yes  No

Proposed start-up\* and completion dates for project: \_\_\_\_\_

*\*Note: Projects not begun by the start date will be subject to review and possible withdrawal of approved funding.*

**COMMUNITY SUPPORT/COORDINATION**

Describe the community support you have gathered for this project and how you will coordinate your plans with others who are serving similar needs or population. How is your project different from and/or better than existing services? Please attach any letters of support.

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**EVALUATING THE OUTCOME**

How and by whom will the project be monitored and the results evaluated?

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Describe the short-and long-term benefits of the projects to the community.

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**PUBLIC RECOGNITION**

How would your organization formally recognize or publicize a contribution from the Foundation? Please also indicate whether members of your organization would be willing to volunteer at Foundation special events. (If so, provide contact name and phone number.)

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Will you agree to place a plaque and/or logo identifying Maple Ridge Community Foundation as a supporter, commensurate with the size of the grant?

Yes  No

**OTHER FINANCIAL CONSIDERATIONS**

What would happen if the Maple Ridge Community Foundation provided only a portion of the amount requested?

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If this is an ongoing program, how will it be sustained after the initial funding period?

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For capital projects, how will the facility be maintained/operated once constructed? (If operating funding has been obtained from other sources, please attach letters of confirmation.)

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Have you previously applied for and/or received a grant from the Maple Ridge Community Foundation?

Yes  No

If yes, indicate date, amount and purpose: \_\_\_\_\_

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**SUPPLEMENTARY MATERIALS**

Please provide one copy of the following materials with your application:

- List of Board of Directors
- Detailed project/program budget
- Most recent Financial Statement or Annual Report
- Relevant promotional materials, if available