



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 \$ _____

Total project budget? _____ When would these funds be required? _____

Are you a past grant recipient? _____ If yes, have you utilized the funds? _____

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: _____

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.

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

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

CARRYING OUT THE PROJECT

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

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?

Will volunteers, apart from your Board, be involved in the project? Yes No

If yes, how many? _____ How? _____

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.

EVALUATING THE OUTCOME

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

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

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.)

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?

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

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.)

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: _____

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

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: _____