



Grant Application

Note: This is an interactive form. You may save a copy to your computer and fill it in using your keyboard. When done, print and mail. You may also wish to print a copy for your files; Acrobat Reader will not let you save your data.

Please review guidelines carefully before filling in this application. If you have questions, contact us at info@shuswapfoundation.ca or phone a Director

Agency Information

(Roll mouse over fill space for tool tips)

Name of Organisation:

Charity Number:

BC Society Number:

Address:

Town:

Postal Code:

E-Mail:

Telephone:

Primary Contact Person:

Position:

E-Mail:

Telephone:

(If not as above)

How many employees does your organisation have? Full time:

Part time:

How many volunteers?

Comment?

Has your organisation received a grant from the Shuswap Community Foundation in the last

two years? Yes No If yes, have you sent a project evaluation (final project report) to

the Foundation? Yes No (This submission is prerequisite to further grants!)

Web site (if you have one):

Grant Information:

Project Title:

Anticipated Start and Completion Dates:

Provide a brief 2 or 3 sentence description of your project:

Amount of funding requested from the Shuswap Community Foundation: \$

Grant Application, Page 2

How will the Shuswap Foundation's support of your project be recognised?

Please provide the following information as attachments to your application.

1. An elaboration of project description to include its purpose, goals, and the benefits it will provide to your organisation and/or to the community. Up to one page.
2. A project budget. Also identify other sources of funding if applicable, and clearly indicate how money from the Shuswap Foundation will be used.
3. A copy of your last annual report if you have one, and the income statement and balance sheet for your last fiscal year.
4. A list of your current Board of Directors.

This application must be accompanied by the documentation requested above, and must be signed by the Organisation's President, and one other Director.

Signature

Position

Signature

Position

Date

After completing the form, print and mail with attachments to:

Shuswap Community Foundation

Box 624

Salmon Arm BC V1E 4N7

Postmarked no later than June 15 of each year.

Note: If you have the capacity to make a single PDF file of the application and all attachments (you may have to print and scan this form), we will accept the application by e-mail over a digital signature.