

## Community Foundation of the Kootenay Rockies

### 2020 GRANT APPLICATION

Thank you for your interest in applying for a **2020 grant** from the **Community Foundation of the Kootenay Rockies (CFKR)**.

**Please ensure that you:**

- Carefully review the **2020 Grant Application Guidelines** **PRIOR** to completing this application;
- Read and fully complete each section of this application, including all the required information identified in the **Checklist** at the end of this application.

*Please note: Responses for some fields are limited to the indicated number of characters with spaces.*

**2020 CFKR Grant Application Deadline: Sunday March 1, 2020 at 5:00 p.m. MT.**

- *Applications received after this deadline will either be returned to the applicant, or, if applicable, may be held for the next granting cycle.*

**Please submit your completed application to the local community contact person, corresponding to the location of your project.**

- **Elkford:** Elkford Community Fund Steering Committee
  - **Contact:** Terry Vandale (Ph: 250-425-5700, Email: [tvandale@telus.net](mailto:tvandale@telus.net))
- **Sparwood:** Sparwood Community Fund Steering Committee
  - **Contact:** Bev MacNaughton (Ph. 250-425-2423, Email: [manager@sparwoodchamber.bc.ca](mailto:manager@sparwoodchamber.bc.ca))
- **Fernie:** Fernie Community Fund Steering Committee
  - **Contact:** Eric Johnstone (Ph. 250-430-7676, Email: [FernieCommunityFund@CFKRockies.ca](mailto:FernieCommunityFund@CFKRockies.ca))
- **Cranbrook:** CFKR Grant Making Committee
  - **Contact:** Lynnette Wray (Ph. 250-426-1119, Email: [Lynnette.Wray@CFKRockies.ca](mailto:Lynnette.Wray@CFKRockies.ca))

For further information about the application process, please connect with **your local community contact person, as noted above.**

## Project Location

In which community will your project be located? (Please check one.)

Elkford      Sparwood      Fernie      Cranbrook

*To apply to more than one community, please submit a separate application for each community.*

## Applicant Organization Information

Name of Applicant Organization: \_\_\_\_\_

Operating Name (if different): \_\_\_\_\_

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

City/Town: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Website: \_\_\_\_\_

Primary Contact Person from the Applicant Organization for this Project:

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

Title/Position: \_\_\_\_\_

Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

<b>Number of Employees:</b>	Full-time	_____	<b>Number of Volunteers:</b>	_____
	Part-time	_____	<b>Number of Members:</b>	_____

Briefly describe the Applicant Organization's purpose, key activities, etc.: (max. 1000 characters)

Applicant Organization is a BC-registered non-profit society (Check one):

Yes      No

If Yes, enter the organization's BC Society Number: \_\_\_\_\_

Applicant Organization is a **Qualified Donee**, as per the Canada Revenue Agency/CRA (Check One):    Yes        No

**If Yes**, enter the Applicant Organization's CRA Charitable Registration Number:

\_\_\_\_\_

**If No**, complete the following section regarding the Qualified Donee, which is supporting this project.

### Qualified Donee Information

If the Applicant Organization is **not** a qualified donee, then an **agency agreement** with a qualified donee, stating that the qualified donee will accept the funds on behalf of the applicant, **MUST** be included in the grant application package.

Name of Qualified Donee:

\_\_\_\_\_

CRA Charitable Registration No.:

\_\_\_\_\_

Address:

\_\_\_\_\_

City/Town:

\_\_\_\_\_

Postal Code:

\_\_\_\_\_

Website:

\_\_\_\_\_

Primary Contact Person from the Qualified Donee for this Project:

Name:

\_\_\_\_\_

Title/Position:

\_\_\_\_\_

Phone:

\_\_\_\_\_

Alternate Phone:

\_\_\_\_\_

Email:

\_\_\_\_\_

## Project Information

**Project Title:**

**Which field(s) of consideration does this project pertain to? (select a maximum of two)**

Animal Welfare

Arts, Culture, and Heritage

Education

Environment

Mental Health & Addictions

Seniors' Programs

Social and Health Services

Outdoor Recreation, Physical Activity and Sports

**Project Description:** Identify the purpose (goals and objectives), areas of need addressed, anticipated impacts, and opportunities for enhancing community well-being. If applicable, identify the role of other groups/associations that are partnering/collaborating in this project. **Clearly indicate how the requested CFKR grant would be utilized to achieve project objective(s).** (max. 3000 characters)

**Project Plan:** Clearly identify the key actions/activities that will be undertaken, and provide a timeline or schedule for implementation of this project. *(max. 2000 characters)*

Is this project  new, or  related to an existing program/initiative? If related to an existing program, please provide details. *(max. 500 characters)*

Is this a  one-time, or  continuing project? If continuing, please describe how the project will be sustained in the future. *(max. 500 characters)*

<b>Planned Start Date:</b>		<b>Planned Completion Date:</b>	
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<b>Total Project Budget:</b>		<b>Total amount requested from CFKR:</b>	
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**Who, and how many, will directly & indirectly benefit from this project?** *(max. 1000 characters)*

**Would the project proceed without CFKR support or with partial funding?** *(max. 750 characters)*

**How will you measure the effectiveness and/or impact of this project?** *(max. 1500 characters)*

**How would CFKR's contribution, if granted, be acknowledged and publicized by your organization?** *(max. 500 characters)*

## Details Project Budget

EXPENDITURES		Total Cost	Amount requested from CFKR
Wages & Benefits			
Professional Fees, Honorariums			
Rent / Utilities / Telephone			
Equipment / Supplies / Postage			
Printing / Photocopying			
Publicity / Promotion			
Production / Distribution Costs (attach quotes)			
Liability Insurance (if applicable)			
Special materials/ capital items (specify & attach quotes)			
Other (specify)			
<b>TOTAL:*</b>			

REVENUE SOURCES	\$ Confirmed	\$ Requested	In-kind	\$ Total
Organization's contributions				
• Cash				
• In-kind gifts				
• Volunteer services				
Government (specify)				
•				
•				
Other (specify) **				
•				
•				
•				
CFKR Grant Request				
<b>TOTAL:*</b>				

\* The Totals in the boxes highlighted in yellow must match;

\*\* CFKR encourages applicants to secure other funding sources/partnerships.

Please list all CFKR grants received by this organization in the past two (2) years:

Year	Name of Project	\$ amount received from CFKR

## Application Checklist

Ensure that you have provided the following information/items for your application to be considered for a grant:

- Applicant Organization’s financial documentation:**
  - **Previous fiscal year:**
    - Balance sheet
    - Income (profit/loss) statement
  - **Current fiscal year:** annual budget
  - **Optional:** If available, audited financial statements or accountant-prepared review may also be provided
- List of Applicant Organization’s Board of Directors**
- Proof of Qualified Donee** – print-out of Charitable Registration Details Page
- Agency Agreement** (i.e., if Applicant Organization is not a Qualified Donee)
- Support letters:** partner agencies, participants etc.
- Three written quotes** (if applicable): if request is for equipment, publishing, etc.

## Authorization / Verification

**Authorized Signatory from the Applicant Organization:**

<b>Name:</b>	_____	<b>Title:</b>	_____
<b>Signature:</b>	_____	<b>Date:</b>	_____
<b>Phone:</b>	_____	<b>Email:</b>	_____

- I hereby give the Community Foundation of the Kootenay Rockies (CFKR) permission to share the attached grant application package with other potential donors who may have an interest in supporting this application.