

Community Foundation of the Kootenay Rockies

2022 GRANT APPLICATION

Thank you for your interest in applying for a **2022 grant** from the **Community Foundation of the Kootenay Rockies** (CFKR).

Please ensure that you:

- ➤ Carefully review the 2022 Grant Application Guidelines <u>PRIOR</u> 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.
 Please ensure that your responses are brief and to the point.

2022 CFKR Grant Application Deadline: February 15, 2022 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, 250-425-5700, tvandale@telus.net
- Sparwood: Sparwood Community Fund Steering Committee
 Contact: Bev MacNaughton, 250-425-2423, manager@sparwoodchamber.bc.ca
- Fernie: Fernie Community Fund Steering Committee

 Contact: Courtney Baker (Email: swellnonprofit@gmail.com)
- Cranbrook: CFKR Grant Making Committee
 - Contact: Lynnette Wray, 250-426-1119, 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 you	ır project be loc:	ated? (Please check on	e)				
Elkford	ford Sparwood Fernie Cranbrook						
o apply to more than one com	munity, submit a	separate application j	for each community.				
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Applicant Organization	on Informati	lon					
Nome of Analisant Ouroning	4.0						
Name of Applicant Organiza							
Operating Name (if different):						
ddress:		City/Tow	n:				
	Website:	City/Tow	n:				
ostal Code:		·					
ostal Code: rimary Contact Person from		·					
Postal Code: Primary Contact Person from Name:		Organization for this I					
Postal Code: Primary Contact Person from Name: Phone:		Drganization for this H					
Address: Postal Code: Primary Contact Person from Name: Phone: Email:	the Applicant C	Organization for this H Title/Position: Alternate Phone:	Project:				
Postal Code: Primary Contact Person from Name: Phone:		Drganization for this H	Project:				



Is the Applicant Organization a <u>BC-registered non-profit society</u> ?	Yes	No
<u>If Yes</u> , provide the Applicant Organization's BC Society Number:		
Is the Applicant Organization a <u>Qualified Donee</u> , as defined by the Canada Revenue Agency (CRA)?	Yes	No
<u>If Yes</u> , provide the Applicant Organization's CRA Charitable Registration Number:		

<u>If No</u>, complete the following section identifying the Qualified Donee that is supporting the Applicant Organization's project application.

Qualified Donee Information

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

Name of Q	ualified Done	e:			
CRA Char	table Registrati	on No.:			
Address:				City/To	wn:
Postal Coo	le:	Websit	e:		
Primary C	Contact Person	from the Quali	ified I	Donee for this Projec	t:
Name:				Title/Position:	
Phone:				Alternate Phone:	
Email:					



Project Information

Project Title:

Which CFKR field(s) of consideration does this project pertain to? (maximum of two)

Animal Welfare	Arts, Culture & Heritage		Education
Environment	Mental Health & Addictions		Senior's Programs
Social & Health Services	Outdoor Recreation, Physical Activity and Sports		

Project Description: Identify the purpose, areas of need addressed, anticipated impacts, and opportunities for enhancing community well-being. If applicable, identify the role of other groups or associations collaborating in this project. *Indicate how the requested CFKR grant would be utilized to achieve project objective(s).* (max. 2500 characters)





Project Plan: Identify the key actions/activities that will be undertaken and provide a projected timeline or schedule to implement 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)

 Planned Start Date:
 Planned Completion Date:

 Total Project Budget:
 Total requested from CFKR:



Who and how many will <u>directly</u> & <u>indirectly</u> benefit from this project? (max. 1000 characters)

Explain how/if the project would proceed without CFKR support or with partial funding? *(max. 500 characters)*

How will the effectiveness and impact of this project be measured? (max. 1000 characters)

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



Detailed 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)				
TOTAL:*				

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

* 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	<pre>\$ amount received from CFKR</pre>

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 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 the request is for equipment, publishing, etc.

Authorization / Verification

Authorized Signatory from the Applicant Organization:

Name:		Title:	
Signature:		Date:	
Phone:	Email:		

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.