

Community Foundation of the Kootenay Rockies

2023 GRANT APPLICATION

Thank you for your interest in applying for a 2023 grant from the Community Foundation of the Kootenay Rockies (CFKR).

Please ensure that you:

- ➤ Carefully review the **2023 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.

2023 CFKR Grant Application Deadline: February 15, 2023 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
 - o Contact: Terry Vandale, 250-425-5700, tvandale@telus.net
- Sparwood: Sparwood Community Fund Steering Committee
 - o *Contact:* Bev MacNaughton, 250-425-2423, manager@sparwoodchamber.bc.ca
- Fernie: Fernie Community Fund Steering Committee
 - o *Contact:* Courtney Baker, 250-423-8835, swellnonprofit@gmail.com)
- Cranbrook: CFKR Grant Making Committee
 - o 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 your project be located? (Please check one)						
Elkford	Sparwood]	Fernie	Cranbrook		
To apply to more than one c	community, submit	a <u>separai</u>	<u>te application</u> for each	community.		
Applicant Organiza	ntion Informat	tion				
Name of Applicant Organ	ization:					
Operating Name (if differ	ent):					
Address:			City/Town:			
Postal Code:	Website:					
Primary Contact Person fr	om the Applicant (Organiza	ntion for this Project:			
Name:		Title/	Position:			
Phone:		Alterr	nate Phone:			
Email:						
Total Number of Employee	Full-time:		Number of Volunto	eers:		
Total Number of Employee	Part-time:		Number of Membe	ers:		
Briefly describe the Applic	ant Organization's	purpose	e and key activities: (n	nax. 1200 characters)		



Is the Applic	cant Organization a <u>BC</u>	-regist	ered non-profit society?	Yes		No
<u>If Yes</u> , pr Number:	ovide the Applicant Or	ganizat	tion's BC Society			
	cant Organization a <u>Ou</u> enue Agency (CRA)?	alified	Donee , as defined by the	Yes		No
	ovide the Applicant Or ion Number:	ganizat	tion's CRA Charitable			
	nplete the following sec cant Organization's pro		entifying the Qualified Dopplication.	onee that is	suppor	ting
Qualified	Donee Informati	ion				
Donee, stating	_	onee w	fied Donee an <i>agency agre</i> ill accept the funds on bapplication package.		-	
Name of Qua	lified Donee:					
CRA Charitab	le Registration No.:					
Address:			City/Town	1:		
Postal Code:	Wel	bsite:				
Primary Con	tact Person from the Q	ualified	Donee for this Project:			
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 A	Activity and Sports			
	llaborating in this project. <i>Indica</i> ieve project objective(s). (max. 25	-			

timeline or schedule to implement th	ons/activities that will be undertaken and provide a projected his project. (max. 2000 characters)
Is this project new or re existing program, please provide d	elated to an existing program/initiative? If related to an letails. (max. 500 characters)
Is this a one-time or con project will be sustained in the fut	ntinuing project? If continuing, please describe how the ture. (max. 500 characters)
Planned Start Date:	Planned Completion Date:
Total Project Budget:	Total requested from CFKR:

Who and ho	w many will <u>directly</u>	& indirectly	benefit from t	chis project? (n	nax. 1000 char	acters)
E xplain hov (max. 500 char	v/if the project would acters)	d proceed wit	hout CFKR s	upport or witl	h partial fur	nding
How will the	e effectiveness and in	npact of this p	roject be mea	sured? (max. 10	000 characters))
	CFKR's contribution? (max. 500 characters)	on, if granted	d, be acknow	ledged and p	ublicized by	y you

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)		
ТОТ	TAL:*	

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	v this or	ganization i	n the	past two	(2)	vears:
i icuse iist uii		I CCCI I CG D	,			puse en o	(<i>-,</i>	,, Ctt 50

Year	Name of Project			\$ amount received from CFKR
Applicati	ion Checklist			
Ensure that considered for	you have provided the following infor or a grant:	mation/i	tems for y	our application to be
Applic	ant Organization's financial documen	tation:		
C C	 Balance sheet Income (profit/loss) statement Current fiscal year: annual budget 	ial statem	ents or acc	countant-prepared
List of	Applicant Organization's Board of Di	rectors		
	of Qualified Donee – print-out of Charita		stration De	etails Page
	y Agreement (i.e., if Applicant Organiza	_		
	rt letters: partner agencies, participants			,
	written quotes (if applicable): if the requ		equipmen	t, publishing, etc.
Authoriz	ation / Verification			
Authorized S	Signatory from the Applicant Organiza	ition:		
Name:		Title:		
Signature:		Date:		
Phone:	Email:			
share t	by give the Community Foundation of the attached grant application package with in supporting this application.			