

Community Foundation of the Kootenay Rockies

2024 GRANT APPLICATION

Thank you for your interest in applying for a 2024 grant from the Community Foundation of the Kootenay Rockies (CFKR).

Please ensure that you:

- ➤ Carefully review the **2024 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. Please ensure that your responses are brief and to the point.

2024 CFKR Grant Application Deadline: February 15, 2024 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
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Elkford Sparwood Fernie Cranbrook

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

Applicant Organization Information

Applicant Organization		Ш
Name of Applicant Organization	on:	
Operating Name (if different):		
Address:		City/Town:
Postal Code:	Website:	
Primary Contact Person from t	the Applicant Org	ganization for this Project:
Name:		Title/Role:
Phone:	Alternate Phone:	
Email:		
Total Number of Employees:	Full-time:	Number of Volunteers:
	Part-time:	Number of Members:

Briefly describe the Applicant Organization's purpose and key activities: (max. 1200 characters)



Is the Applicant Organization	on a BC-registered non-profit society?	Yes	No
If <u>Yes</u> , provide the Applican	at Organization's BC Society Number:		
Is the Applicant Organization Canada Revenue Agency (C	on a Qualified Donee, as defined by the CRA)?	Yes	No
If <u>Yes</u> , provide the Applicar Registration Number:	nt Organization's CRA Charitable		
If <u>No</u> , complete the followin Applicant Organization's pr	ng section identifying the Qualified Donee the oject application.	at is supporting tl	ne
Qualified Donee In	formation		
Qualified Donee, stating	ation is not a Qualified Donee an agen that the Qualified Donee will accept th , MUST be included in the grant application	e funds on bel	
Name of Qualified Donee:			
Operating Name (if differe	ent):		
Address:	City/Town	1:	
Postal Code:	Website:		
Primary Contact Person fi	rom the Qualified Donee for this Project:		
Name:	Title/Role:		
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

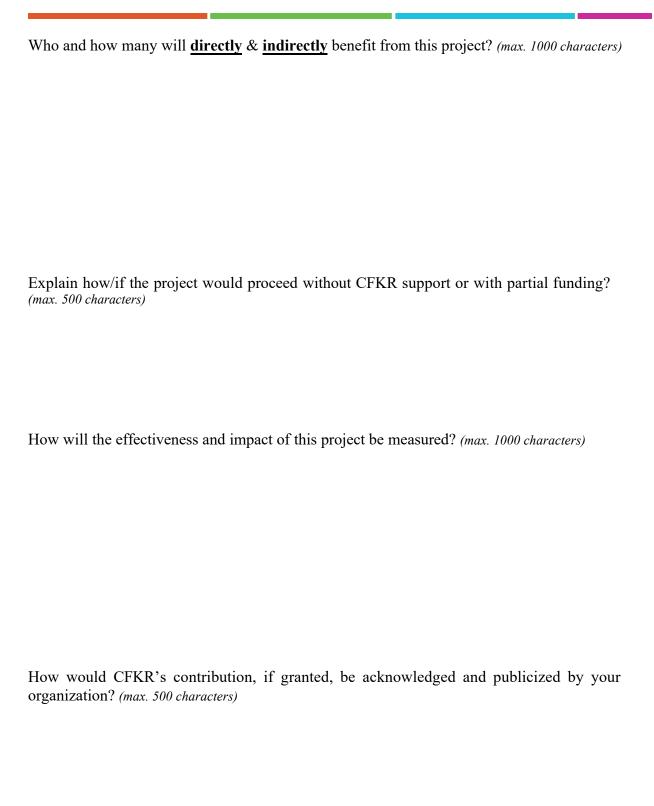
Environment Mental Health & Addictions Senior's Programs

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/activitic timeline or schedule to implement this project.	es that will be undertaken and provide a projected (max. 2000 characters)
Is this project new or related to an existing program, please provide details. (max	existing program/initiative? If related to an . 500 characters)
Is this a one-time or continuing property will be sustained in the future. (max.	roject? If continuing, please describe how 500 characters)
Planned Start Date:	Planned Completion Date:
Total Project Budget:	Total requested from CFKR:



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 CF	KR grants received	by this organiz	ation in the	past two (2	!) vears:
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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
- o Current fiscal year: annual budget
- o **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

nt Organization:	
Title:	
Date:	
Email:	
	Title: Date:

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.