

Community Foundation of the Kootenay Rockies

2025 GRANT APPLICATION

Thank you for your interest in applying for a 2025 grant from the Community Foundation of the Kootenay Rockies (CFKR).

Please ensure that you:

- Carefully review the **2025 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 concise (i.e., point form preferred).*

2025 CFKR Grant Application Deadline: February 15, 2025 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
 - Terry Vandale, 250-425-5700, tvandale@telus.net
- **Sparwood:** Sparwood Community Fund Steering Committee
 - Nicole Latka, 250-425-2423, manager@sparwoodchamber.bc.ca
- **Fernie:** Fernie Community Fund Steering Committee
 - Courtney Baker, 250-423-8835, swellnonprofit@gmail.com
- **Cranbrook:** CFKR Grant Making Committee
 - 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 community, 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/Role:

Phone:

Alternate Phone:

Email:

Number of Full-time Employees:

Number of Volunteers:

Number of Part-time Employees:

Number of Members:

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

Is the Applicant Organization a BC-registered non-profit society? Yes No

If Yes, provide the Applicant Organization's BC Society Number: S

Is the Applicant Organization a Qualified Donee, as defined by the Canada Revenue Agency? Yes No

If Yes, provide the Applicant Organization's CRA Charitable Registration Number (e.g., 123456789 RR0001):

If No, 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 Qualified Donee:

Operating Name (if different):

Address:

City/Town:

Postal Code:

Website:

Primary Contact Person from 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 three):*

Animal Welfare

Arts/Culture/Heritage

Education

Environment

Mental Health/Addictions

Equity-deserving

Social/Health/Housing

Outdoor Recreation/Physical Activity/Sports

Project Description: Identify the purpose, areas of need addressed, anticipated impact, 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 directly & indirectly 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 <ul style="list-style-type: none"> 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 strongly encourages applicants to secure other funding sources/partnerships.

Please list all CFKR grants received by this organization in the past three (3) 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 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.

Two written quotes, if applicable (e.g., request 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.