

Grant Application Form 2016

The **Brant Community Foundation** invites applications for funding from charities in Brantford, Brant County, Six Nations and Mississaugas of the New Credit working within the fields of community development, education, literacy, health and social services, arts and culture, recreation, and/or the environment. We provide grants that encourage community pride, support local initiatives and develop special opportunities.

CONDITIONS

1. Applicants **must** be registered charities or qualified donees, or sponsored by a registered charity or qualified donee.
2. Projects must have a well-defined purpose and cover a specific time period.
3. The applicant organization's Board of Directors must be based in the City of Brantford, the County of Brant, Six Nations of the Grand River, or Mississaugas of the New Credit.
4. This application and all information received from the applicant will form part of the minutes and records of the BCF which may be subject to review by the public. No information supplied can be considered confidential and the applicant expressly consents to release of information by the BCF regarding applications received, decisions made and other matters relating to the granting process. The BCF has a privacy policy in place and applicants may call the office to arrange to view it.

GUIDELINES

1. All information should be entered in the space provided. Two copies of **application form**, one copy of most recent **annual financial statements, annual report, by-laws, annual budget, project budget**, and a maximum of 2 (two) additional pages will be accepted.
2. Grant funds must be used to provide for the betterment of the people of Brantford, Brant County, Six Nations and Mississaugas of the New Credit.
3. Priority will be given to grants that address identified current needs and projects that strengthen our community and enhance the quality of life.
4. Generally, grants will not be given:
 - ❖ to cover operating deficits or retire debts
 - ❖ to provide endowment funds
 - ❖ for sectarian, religious, or political purposes
 - ❖ for research purposes
 - ❖ to individuals (except in rare and exceptional cases and where sponsored by a registered charitable organization)
5. Approval of a grant in one year does not commit the Foundation to future funding.
6. Some funds may be given for the start-up phase of long-term projects which fill a recognized need in a unique way. Proposals should include a realistic plan for viability beyond the pilot stage, and provision for an evaluation.

THE APPLICATION PROCESS

1. Please complete the attached Grant Application Form and submit **two (2) copies** of the application form along with one copy of supporting documents to the Brant Community Foundation.
2. Applications must be received **by 12:00 p.m. October 14** and grant decisions will be made by December 31.
3. **Applicants will be asked to submit grant evaluations about how funding was used to enrich the community and these reports or portions of reports may be used for publicity purposes.**
4. All decisions by the board are final and not subject to review.

**BRANT COMMUNITY FOUNDATION GRANT PROGRAM
GRANT APPLICATION FORM**

APPLICANT INFORMATION

**APPLICANT/
CONTACT**

Name of Organization:

Name of Sponsoring Organization:
(if applicable)

NOTE: IF THERE IS NO CHARITABLE REGISTRATION NUMBER FOR ORGANIZATION OR SPONSOR, THE APPLICATION WILL AUTOMATICALLY BE WITHDRAWN FROM THE COMPETITION

Charitable Registration Number:

Address:

City/Prov.

Postal Code

Contact Person:

Title:

Telephone:

Fax:

Email:

Alternate Contact:

Telephone (if different):

CERTIFICATION

We, the undersigned, declare that we are Officers of this organization and have been authorized to make this application on behalf of the organization.

The amount requested from the Brant Community Foundation is

\$

Signing Officer

Signing Officer

Signature

Print Name

Position

Date Signed

_____	_____
_____	_____
_____	_____
_____	_____

CHECK LIST

- Two **(2)** Signed Copies of the Completed Application Form
- Last Annual Financial Statements (audited or unaudited)
- Annual Budget
- Project Budget
- Submitted by 12:00 noon on October 9, 2016

ABOUT YOUR ORGANIZATION

Mission Statement	
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History of the Organization May include but not exclusive of: <ul style="list-style-type: none">• Founding Date• Programs Offered• Whom it Serves• Area it Serves• Staff / Volunteer Base• Achievements• Any other relevant information	
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List of Board Members (do not attach separate sheet)

ABOUT YOUR FUNDING REQUEST

<p>What are you requesting funds for?</p> <p>Examples:</p> <ul style="list-style-type: none"> • To run program • Equipment • Program supplies and materials 	
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Dates: What is the projected start-up and when will the grant funds be spent?	
Start Date:	Completion Date:

<p>Who will benefit from this grant and how?</p> <p>Examples:</p> <ul style="list-style-type: none"> • Number of people • Area served • Overall benefit for community 	
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<p>Please estimate what percentage of the benefits from your project will go to each of the municipalities.</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">City of Brantford</td> <td style="text-align: right; padding: 2px;">%</td> </tr> <tr> <td style="padding: 2px;">County of Brant</td> <td style="text-align: right; padding: 2px;">%</td> </tr> <tr> <td style="padding: 2px;">Six Nations</td> <td style="text-align: right; padding: 2px;">%</td> </tr> <tr> <td style="padding: 2px;">New Credit</td> <td style="text-align: right; padding: 2px;">%</td> </tr> <tr> <td style="padding: 2px;">TOTAL</td> <td style="text-align: right; padding: 2px;"><u>100 %</u></td> </tr> </table>	City of Brantford	%	County of Brant	%	Six Nations	%	New Credit	%	TOTAL	<u>100 %</u>
City of Brantford	%										
County of Brant	%										
Six Nations	%										
New Credit	%										
TOTAL	<u>100 %</u>										

<p>How does this request fit with your organization's mission statement and strategic plan?</p>	
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<p>Viability: Why do you think this project will be successful?</p>	
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<p>How will you measure the success?</p>	
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<p>Duplication of Service: Do other organizations offer the same or similar services? Have you investigated partnership opportunities with them for this project?</p>	
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FINANCIAL INFORMATION

In addition to the following information, please attach latest annual financial statements:

- Organization’s Annual Budget, revenue and expenses
- Project Budget (if applicable), revenue and expenses

APPLICATION OVERVIEW (Maximum of 1 page in length)

Organization:	
Project Title:	
Amount Requested:	

<p><u>Descriptive Synopsis of Request (maximum 70 words):</u></p>
<p><u>Project Objectives:</u></p>
<p><u>Expected Results/Endpoints:</u></p>
<p><u>Expected Benefits/Changes for Individuals/Communities:</u></p>

Please select which sector(s) this grant request serves.

Arts and Culture
 Community Development
 Education
 Environment
 Health
 Social Services
 Seniors
 Youth
 Youth in Recreation