



City of Brantford Grant Application Form Capital/Seed Stream

Name of Applicant:

Amount of Request

Capital / Seed Stream Grant Maximum: \$15,000

SUPPORTING DOCUMENTS

Please check that you have included the following mandatory supporting documents. Applications will not be considered if these documents are not included with the application.

Organization's Most Recent Financial Statements

Organization's Annual Budget

Organization's By-Laws (if Brant Community Foundation does not already have on file or by-laws have changed).

CAPITAL / SEED STREAM APPLICANT DETAILS

Applicants are required to answer all questions.

The City of Brantford grant program is administered by the Brant Community Foundation (BCF). 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.

Overviews of the funding streams are available in the City of Brantford Community Grant Program Guidelines available on the Brant Community Foundation website. Questions should be directed to the Brant Community Foundation.

Name of Organization or Applicant: _____

Make payment payable to (if different from above): _____

Address: _____

Postal Code: _____ Telephone: _____

Contact Person: _____

Email Address: _____

(Parent if applicant is under 19 years of age): _____

Title: _____ Signature: _____

Telephone: _____ Email: _____

Alternate Contact Person: _____

Title: _____ Signature: _____

Telephone: _____ Email: _____

We, the undersigned, declare that:

- We are Principal Officers of this organization or the individual making the request
- We have been authorized to make this application on behalf of the organization or another individual.
- We agree that the information provided is true and accurate to the best of our ability.

Principal Officer [or individual]

Principal Officer

	Signature	
	Print name	
	Address	
	Phone Number	
	Date Signed	

CAPITAL / SEED STREAM

Applicants are required to answer all questions.

ABOUT YOUR ORGANIZATION

Briefly state the history and purpose of your organization. Include the following information: founding date; whom it serves; volunteer base; staff; location; achievements.

If applicable, please describe your sponsoring organization, as well as information about your own history and project.

ABOUT YOUR FUNDING REQUEST

Purpose: What will the funding specifically accomplish, and how does this relate to your overall aims? What are the main goals and purposes for which funding is requested?

Dates: What are the projected start-up and completion dates?

Start Date:

Completion Date:

Who Benefits: How will the funds be used to benefit the Community? What specific population will benefit?

CAPITAL / SEED STREAM ORGANIZATION AUTHORIZATION

Applicants are required to answer all questions.

(If the application is from a Steering Committee, list those members)

Does your organization have a Board of Directors or Steering Committee?	YES	NO
How often do they meet during the year	?	Are minutes kept?
	YES	NO
Are the duties of the directors & executive documented and approved (i.e. by-laws)?	YES	NO

POSITION	NAME
Chair / President	
Vice Chair / Vice President	
Secretary	
Treasurer	
Member	
Member	
Member	
Member	
Member	
Member	
Member	

ADDITIONAL INFORMATION

PROVIDE ANY ADDITIONAL RELEVANT INFORMATION HERE

CAPITAL / SEED STREAM

Applicants are required to answer all questions.

Is the request for start-up funding for a new project?	YES	NO
Does the project serve the entire City?	YES	NO
Viability Details		
Why do you think this project will be successful?		
Do any private sector organizations provide similar services?	YES	NO
If YES, explain why a non-profit approach is necessary:		
Coordination Details		
Does another organization in the City provide a similar service?	YES	NO
If YES, please list them:		
Who in the community or elsewhere is working on this project? What will you do that is different from, or better, than existing programs? If it is appropriate, how will you coordinate with them?		

Describe capital expenses for which funds are being requested

CAPITAL / SEED STREAM

Funding Details		
<p>What other funding sources have committed or will be approached related to this request? Details about other funding sources should appear in full on the Project Budget sheet.</p>		
<p>If the application is for start-up funding, how will the project be financed in the future?</p>		
<p>If you receive partial funding, how will you use the money you receive? Will it be possible to run the program/project with only partial funding? Please explain.</p>		
Total Organization Budget	Total Cost of Project	Amount Requested
Evaluation Details		
<p>How will you measure your success?</p>		

CAPITAL / SEED STREAM BUDGET DETAILS SECTION

All applicants are required to complete this section.

Project Title:

Estimated Revenue:

Please itemize all sources such as fees, donations, earned revenue, and fundraising (specify), grants (specify), and City of Brantford grant.

Source	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL REVENUES \$

Estimated Expenses

Please itemize all sources such as salaries, fees, honoraria, printing, materials and supplies, advertising and promotion, office expenses.

Source	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL EXPENSES \$

Other:

Do you have a reserve fund? If so, state amount and purpose.

For questions related to documentation needed or application process, please contact
Brant Community Foundation Tel: (519) 756-2499 or email: grants@brantcf.ca