



City of Brantford Grant Application Form

Operational Stream

Name of Applicant:

Amount of Request

Operational Stream (no travel) Grant Maximum: \$10,000

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).

OPERATIONAL STREAM APPLICANT DETAILS

All applicants are required to complete this section.

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	

OPERATIONAL STREAM SUMMARY PAGE

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 proposed 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 this funding be used to benefit the Community? What specific population will benefit?

OPERATIONAL 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

Please include any additional relevant information here.

OPERATIONAL STREAM

Applicants are required to answer all questions.

Organization Details

Is this the first application from your organization / steering committee? YES NO

Is the grant request a part of a “community partnership”? Please describe if so.

Any additional information as it relates to the request for funding.

Funding Details

What other funding groups have committed or will be approached? (Details about other funding sources should appear in full on the budget sheet.) What are your plans to seek other sources of funding?

How will the funding increase the organization or steering committee’s sustainability?

If you receive partial funding, how will you use the money you receive? Will it be possible to run the program/organization with only partial funding?

Special Project Details

Is the request for a special project, banquet or reception? YES NO

If yes, please confirm the request is for a one time, non-recurring milestone event. YES NO

If yes, please provide detailed overview and explanation.

BUDGET DETAILS SECTION

All applicants must complete this section.

Event / Program / 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**