



## GRANT APPLICATION

This form **must** be downloaded onto your computer. Type in info, save, and e-mail to [info@sccef.org](mailto:info@sccef.org).

Before completing this application please review grant criteria at [www.sccef.org](http://www.sccef.org).  
Click on **Donations & Grants**, Click on **Applying for a Grant**

### Application Summary

Date of Application:
Legal Name of Organization:
Operating Name of Organization (if different than above):
Project Title:
Project description and relationship to goals of your organization (max 6 lines):
Amount Requested from the South Cariboo Community Enhancement Foundation: \$
Total Project Budget: \$

### Section A - General Information Regarding Applicant Organization

1. Address:		
City/Town:	Province:	Postal Code:
Phone:	Fax:	
Email:	Website:	
2. Registered Charity Number:		
All applicants must be a Canada Revenue Agency Registered Charity, or partner with a CRA Registered charity that can receive the funds on their behalf.		
Please provide a letter from this organization with their CRA # and agreement to handle the funds on your behalf. The grant cheque will be made payable to this organization.		
Letter attached:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3. Board of Directors of Applicant (Please attach list):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Chairperson/President:	Phone:	Fax:
	Email:	
Executive Director/Senior Staff:	Phone:	Fax:
	Email:	
Project Manager:	Phone:	Fax:
	Email:	

4. Describe your organization's mandate and current areas of focus (max 150 words):

**5. Financial Year**

From (YYYY/MM/DD):	To (YYYY/MM/DD):
Operating Budget for current year attached:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Project Budget (summary below is sufficient):	<input type="checkbox"/> Yes <input type="checkbox"/> No
Project Budget attached:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the full financial statement for the last complete year available if requested by the committee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this project budget incorporated into the operating budget for the current year?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Section B – Information on Project for Which Funding Is Requested** (refer to Grant Criteria)

**6. Duration** (10% of grant is withheld until after receipt of Final Report, due 3 months following project completion)

From (YYYY/MM/DD):	To (YYYY/MM/DD):
--------------------	------------------

7. Why is this project a priority for your organization? Tell us about the background. *Be sure to specify whether or not this project will go ahead if it does not receive South Cariboo Community Enhancement Foundation funding.* (max 250 words)

Attached:  Yes  No

8. What goals do you hope to achieve through this project? (max 250 words)

Attached:  Yes  No

9. Describe planned activities including timeline (max 250 words):

Attached:  Yes  No

**10. Project Budget Summary**

Items	Description	Cost	Amount from SCCEF	In Kind Support
Salaries/Benefits: Only those incremental salary costs pertaining to the project are eligible		\$	\$	\$
Professional Fees, Honoraria		\$	\$	\$
Office Costs: Only those incremental office costs pertaining directly to the project are eligible		\$	\$	\$
Travel		\$	Not Eligible	\$
Publicity/Promotion: Only that pertaining directly to the project is eligible		\$	\$	\$
Capital (specify)		\$	\$	\$
Other (specify)		\$	\$	\$
		\$	\$	\$
<b>TOTAL EXPENDITURE</b>		<b>\$</b>	<b>\$</b>	<b>\$</b>

(Notes here if needed)

**Project Budget Summary** (continued)

**REVENUE \***

Sources of Revenue	Assured	Requested from SCCEF	Total	Contact/Tel.
Organization's Contributions:	\$	\$	\$	
Other (specify)	\$	\$	\$	
Government	\$	\$	\$	
Gaming	\$	\$	\$	
Foundations	\$	\$	\$	
In Kind Donors	\$	\$	\$	
<b>TOTAL REVENUE</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	

11. Description of community involvement and collaboration with other agencies:

12. Please confirm that the project meets one or more of the goals and focus areas of the South Cariboo Community Enhancement Foundation. Check the relevant themes below:

Education

Arts and Culture

Sports and Recreation

Local Environment

Social Services

13. a) How will you know if your project is successful? What information (anecdotes, statistics etc.) will you be collecting from the beginning of the project? (Completion of a Final Report Form is required for all grant recipients.)

b) Describe how you plan on recognizing the SCCEF if successful for this grant. Be specific. Copies of recognition must be emailed to [info@sccef.org](mailto:info@sccef.org), including sharing images of any social media posts.

14. If applicable, how will you continue to fund this project?

15. What groups of people are affected through this project?

16. What are the long-lasting impacts of this project on the community?

17. Please provide letters of support.

Attached:

Yes

No

**Please submit this form to: [info@sccef.org](mailto:info@sccef.org).** Confirmation needs to be signed by the authorized signatory of the applicant organization. By signing below and submitting my application, I confirm that the information in this application is correct to the best of my knowledge.

I am also confirming that, if this application is successful, a final project report will be submitted within 3 months of my project end date, and that my organization will recognize the South Cariboo Community Foundation in any project related printed materials, signage or events. If a Final Report is not submitted on time and/or we fail to recognize the South Cariboo Community Foundation for this grant, I acknowledge that our organization may be ineligible to apply for future grants and/or lose the withheld 10% of funds. My full name typed here constitutes my signature for digital submission.

SIGNATURE