



Box 744 Lac du Bonnet MB R0E 1A0

Grant Application for Community Funding

ORGANIZATION INFORMATION

Name (full name) _____

Address _____

Email _____ Telephone _____

This application must be signed by the President or another officer of the organization's governing board.

Name _____ Title _____

Signature _____ Date _____

Name of individual from whom further information may be obtained:

Name _____ Title _____

Telephone _____ Email _____

Is your organization a Registered Charity with the Canada Revenue Agency? Yes / no

If yes: CRA Charitable Status Number _____

If no: Your organization will require a Sponsorship Agreement with a registered charity. The Town of Lac du Bonnet and the RM of Lac du Bonnet both have charity status and may be approached to sponsor your organization. Please attach a copy of the sponsorship agreement.

Name of sponsoring charitable organization (if required): _____

CRA Charitable Registration Number _____



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The Foundation funds projects that:

- Occur within the application year.
- are not designed for the purpose of financial profit for the applicant.
- have direct benefit to the residents of the Town & RM of Lac du Bonnet and local area.
- Preference will be given to those projects that will provide the most good to the community.

Funding cannot be used for:

- Supporting operating expenses
- Individual, family, religious, political or avocation purposes.
- Organizations whose prime purpose is fundraising.
- Professional activities or associations.
- Projects already completed.

Eligible project costs include:

- Materials, supplies, equipment
- Capital projects or renovations (preferred)
- Equipment or facility rentals
- Instructor Fees & Travel Expenses when required for the project

Note: The application must meet these eligibility requirements.

Please submit your application using this form in Microsoft Word. Add supplementary data, text or pictures as needed to make the application complete.

PROJECT INFORMATION

Project Title: _____

Total Project Cost: _____

Note: The availability of other sources of funding/granting/fundraising must be in place. The Lac du Bonnet & District Charitable Foundation will not fund 100% of any project.

Grant Amount Requested: _____ When are funds required _____

Has this request been authorized by your organizations board? Yes / No

When? _____.



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1. Provide a general description of your agency or organization.

2. Attachments are **required** for the following:

_____A copy of the organization's latest financial statement.

_____A copy of the organization's budget for the current year.

_____A list of the organization's executive and directors

_____A copy of the current project plan (if available) for which this grant is being made

Note: Additional information may be requested. A timely response is required for application review purposes.

3. Describe the project, its purpose and how it relates to the overall mission of your organization. Attach written quotes if applicable.

4. Define what success of this project would look like.

(if more space is required please attach a sperate document)



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5. How will this project directly impact the community of Lac du Bonnet in a positive manner?

(if more space is required please attach a sperate document)

NOTE: Completion of this application form gives the Lac du Bonnet Foundation consent to use photos, videos, and/ or testimonials of the grant recipients for public recognition purposes. The completed application also implies agreement to present outcomes/progress of the project in writing or in person at the Foundation Annual General Meeting if requested.

Please submit Grant Application and all supplementary documents to:

**Lac du Bonnet & District Charitable Foundation
Att. Mitch Walker, Box 744, Lac du Bonnet, MB R0E 1A0**

Email: grant@lacdubonnetfoundation.ca

DEADLINE MARCH 31 and SEPTEMBER 30