

# **GRANT APPLICATION**

## Section I: APPLICANT INFORMATION

Name of Organization: \_\_\_\_\_ Organization Mailing Address: \_\_\_\_\_ Organization Email Address (if available): \_\_\_\_\_ Charitable Registration Number (if applicable): \_\_\_\_\_

\*If no Charitable Number, please provide the name of an affiliate: \_\_\_\_\_\_

(North Norfolk Foundation provides grants directly to organizations that are registered charities with the Canada Revenue Agency. The Foundation may also provide grants directly to towns/municipalities or school divisions. A grant may be made to a town or municipality acting as a sponsor for an organization that is not a registered charity that will carry out a charitable activity. *The applicant* must have a direct affiliation with the sponsoring organization (the town/RM/school division or registered charity - the "Qualified Donee").

Primary Contact Person:	Title:
Phone Number:	Email:

Please provide a brief description of your organization, including its main goals and objectives:

What is your organization's main source of funding? (grants, fundraisers, private donations, etc.)

When was the last time [year] your organization received a grant from the NNF?

If you received a NNF grant last year, have you submitted the required final grant report? (final grant report forms are available on the NNF website)

□ Yes □ No

#### **ATTACHMENTS REQUIRED:**

- Project Costs, including estimates/quotations
- Other Income (gifts in kind, donated materials, donated services, etc.)

#### North Norfolk Foundation MAY request the following documents after reviewing the application:

- o A list of all officers and directors of the governing board
- o A copy of the organization's most recent financials

#### Section II: GRANT REQUEST (for more information, please refer to Granting Guidelines on the NNF website)

Project Title:	
Amount Requested:	Total Project Cost:
Starting Date:	Completion Date:

Provide a description of your project and include how the project relates to the overall goals and services of the organization.

How will the project benefit the community?

### Have you approached other sources for support (monetary and/or nonmonetary)?

□ Yes □ No

Name:	Request: (amount or other)	Confirmed:	Unknown:

If this project does not receive financial support from North Norfolk Foundation, will it move forward? If not, please provide an explanation.

How will the North Norfolk Foundation be recognized in contributing to this project? (check all that apply)

- Social media (if yes, please provide your social media handles)
- Signage at project
- Photo recognition (newsletter, website, advertising etc.)

### Section III: AUTHORIZATION

Has this project been authorized by the organization?

□ Yes □ No

(Applicant Signature)

(date)

North Norfolk Foundation PO Box 696 MacGregor, MB R0H 0R0 <u>www.northnorfolkfoundation.org</u> northnorfolkfoundation@gmail.com