

GRANT **APPLICATION**

SUTTON FUND - SENIORS

Amount requested from the Pitt Meadows Community	Foundation \$
Total project budget? _\$ Wh	en would these funds be required?
Are you a past grant recipient?	If yes, have you utilized the funds?
APPLICANT ORGANIZATION	
Telephone:	Fax:
Contact Person:	Position:
Project Manager:	Position:
Charitable Registration#:	Date of Founding:
Names and Addresses of Directors (please attach)	
Organization's Mission Statement/Statement of Purpo	ose (please attach)
Number of Paid Staff: Full-Time:	Part-Time:
Number of Volunteers Involved in Organization:	
PURPOSE OF FUNDING REQUEST Grant will be used for: (a) Service Expansion/Improvement	

(b) _____ New Program
(c) _____ Capital Expenditures (if so, list in order of priority need under "The Project" including separate cost for each item)

THE PROJECT

Describe the need for your project, location of your project, who and how many will be served and the anticipated results/benefits. Attach any supporting documentation/research which further defines the need and letters of authorization from agencies from whom approval is required.

lf	the	grant	is for	a capita	l project,	who wil	I own th	le asset?

If the owner is a society, who would own the asset upon dissolution of the society?

CARRYING OUT THE PROJECT

What knowledge, skills and experience does your organization have which qualify it to carry out this project?

What activities will you undertake to achieve the intended result? Is your group doing any local fundraising itself? If yes, what types of fundraising? Have you applied to other groups for funding/are you receiving funds from other groups? If so, how much have you applied for/received?

Will volunteers, apart from your	Board, be involved in the project?	Yes 🗆 No 🗆]
If yes, how many?	How?		
Do you agree to provide a state Community Foundation has prov Yes □ No □	ement of expenditures for the project wh vided a grant?	nere the Pitt Meadows	
Will any of the funds for the pro applicant does not deal at arms I Yes □ No □	pject be expended with or to an individu length?	al or organization with whom t	the
Proposed start-up* and completi	ion dates for project:		
* Note : Projects not begun by the funding.	e start date will be subject to review an	d possible withdrawal of approv	ved

COMMUNITY SUPPORT/COORDINATION

Describe the community support you have gathered for this project and how you will coordinate your plans with others who are serving similar needs or population. How is your project different from and/or better than existing services? Please attach any letters of support.

EVALUATING THE OUTCOME

How and by whom will the project be monitored and the results evaluated?

Describe the short-and long-term benefits of the projects to the community.

PUBLIC RECOGNITION

How would your organization formally recognize or publicize a contribution from the Foundation? Please also indicate whether members of your organization would be willing to volunteer at Foundation special events. (If so, provide contact name and phone number.)

Will you agree to place a plaque and/or logo identifying Pitt Meadows Community Foundation as a supporter, commensurate with the size of the grant?

Yes □ No □

OTHER FINANCIAL CONSIDERATIONS

What would happen if the Pitt Meadows Community Foundation provided only a portion of the amount requested?

If this is an ongoing program, how will it be sustained after the initial funding period?

For capital projects, how will the facility be maintained/operated once constructed? (If operating funding has been obtained from other sources, please attach letters of confirmation.)

Have you previously applied for and/or received a grant from the Pitt Meadows Community Foundation? Yes \square No \square

If yes, indicate date, amount and purpose: _____

SUPPLEMENTARY MATERIALS

Please provide one copy of the following materials with your application:

- List of Board of Directors
- Detailed project/program budget
- Most recent Financial Statement or Annual Report
- Relevant promotional materials, if available

AUTHORIZATION* (Two Signatures Required)

We certify that this application for funds has official approval from the organization's Board of Directors.

Signature	Date	Signature	Date			
Name:		Name:				
Position:		Position:				
*Note: If there are co-applicants, please append additional authorizations						