

COMMUNITY FOUNDATION OF CASTLEGAR AND DISTRICT

GRANT APPLICATION FORM – DEADLINE **April 30, 2025**

Download, Fill in, Save and Email to grant.cfocd@gmail.com

Or mail to:

Community Foundation of Castlegar & District

PO Box 3242

Castlegar, BC, V1N 3W4

SUMMARY PAGE

Please read the Granting Guidelines before applying

Class of Qualified Donee:

Revenue Canada Charitable Registration Number:

Organization (legal) name:

Organization operating name (if different):

1. Project title:

2. Project description:

3. Potential benefit of project to Castlegar and Areas I and J residents:

4. Amount requested from the Community Foundation of Castlegar and District (CFOCD): \$

List main budget items:

5. Is the proposed project part of a larger initiative? () Yes () No

If yes, indicate total project budget: \$

6. Previous requests for funds from CFOCD, including years and amounts awarded:

7. Project contact name, title:

Tel:

E-mail:

SECTION A: OUTLINE OF PROPOSED PROJECT

Please be as brief and concise as possible, but attach additional pages if necessary.

1. Project duration, from: _____ to: _____

2. Purpose: What need(s) will the project address? How were needs identified? What will the project achieve and how will it help address the identified need(s)?

3. Who will benefit from this project, directly and indirectly? How will they benefit? (Benefits can be to a large number of people in the community, to those most in need, and/or to the organization itself.)

4. Does the project build on previous ones? How does it complement or connect with others in the community? If this project is part of a larger initiative, explain how the activities funded by this grant would contribute to overall success.

5. Evaluation: What are your criteria for success for the project, and how will you know you have met them?

6. Plan of Action and Project Activities: Describe who will do what, and specifically how the CFCD grant will be used.

SECTION B – PROJECT BUDGET

Please provide the full budget for the proposed project and highlight what you are asking the CFCD to fund.

Expenditures

Item	Description	Cost	Proposed Amt from CFOCD
Salaries/benefits			
Professional fees/honoraria			
Rent/utilities			
Office supply/equip/postage			
Printing/photocopying			
Travel			
Publicity/promotion			
Production costs			
Evaluation			
Other (specify):			
Total Expenditures:			

Sources of Revenue other than CFOCD (value volunteer time at \$20 per hour)

Source	\$ Assured	\$ Potential	\$ Total	Contact name and tel.
Applicant: - cash - in kind - volunteer				
Additional contributors other than CFCD, pending or approved				
Total from other sources:				

SECTION C – INFORMATION ABOUT APPLICANT ORGANIZATION

Mailing Address:

City/town:

Postal Code:

Tel: ()

Email:

Directors of Organization (Attach list)

Chairperson/President:

Tel: ()

Email:

Senior Staff Member:

Tel: ()

Email:

Project Manager:

Tel: ()

Email:

Organization mandate/activities:

SECTION D - SIGNATURES

Initiator/Preparer of Application, title:

Signature:

Date

Applicant Chairperson/Board Member, title:

Signature:

Date