



Community Foundation of Portage and District Inc.
206 Saskatchewan Ave E
Portage la Prairie, MB, R1N 0K9
info@cfpdi.ca
Phone: 204-856-1971

GRANT APPLICATION CHECKLIST

All Applications must include the following in separate electronic files:

Applications received without required documents will be considered incomplete and will not be accepted unless there is a valid reason.

Completed Application Form

- Most current audited or reviewed financial statements.
- Total Revenue and expense budget for the current year
- List of Organization's Board of Directors or members of Organization's governing body

If Proposed Project includes funding for any capital expenses (e.g. construction, furniture, equipment, appliances, etc.), Application must also include:

- Two (2) quotes for any single expense over \$500.

If Applicant Organization is not a "Qualified Donee", Application must also include:

- Sponsor Agency Support Form** from a Qualified Donee
(form available online or [click here](#) to download)

If more than one Organization is submitting the Application, Application must also include:

- Partner Applicant Support Form**
(form available online or [click here](#) to download)

Application Form and all supporting documents to be submitted electronically by e-mail to: INFO@CFPDI.CA

Annual Application Deadlines: March 15th & October 15th

YOU ARE RESPONSIBLE FOR ENSURING YOUR APPLICATION IS COMPLETE AND SUBMITTED ON TIME. INCOMPLETE, LATE, OR PAPER APPLICATIONS WILL NOT BE ACCEPTED.

Please provide an explanation if required documentation is not supplied.



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GRANT APPLICATION FORM

This Application Form and all supporting documents must be **TYPED** and submitted **ELECTRONICALLY**.
Please refer to the Application Checklist to ensure your Application is complete.

PART 1 - APPLICANT DETAILS

Name of Applicant Organization: _____

Name of Person completing this form: _____

Title of Person completing this form: _____

Organization's Address: _____

City/Town: _____ Postal Code: _____

Telephone: _____ Cell Phone: _____

Email: _____ Website: _____

Years Established: _____ No. of Employees: _____ No. of Board Members: _____

As per Canada Revenue Agency requirements, the CFPD can only pay grant funds to a Qualified Donee (see Eligibility Guidelines for examples of Qualified Donees). If Applicant Organization is not a Qualified Donee, Applicant must include a **Sponsor Agency Support Form** from a Qualified Donee who is prepared to receive funds on behalf of the Applicant Organization. CFPD shall verify all registration numbers.

Applicant Organization is a Qualified Donee, Business Number: _____

- Or -

Applicant Organization has the support of a Sponsor Agency who is a Qualified Donee, who will receive the Grant Funds from the CFPD on behalf of Applicant Organization. A **Sponsor Agency Support Form** must accompany this Application (*form available online or [click here](#) to download.*)

Sponsor Agency's Name: _____

Sponsor Agency's Charitable /Business Number: _____

Has your organization received any previous grant from CFPD? Yes No

If Yes, have all final grant reports been completed? Yes No

Has your organization applied for funding elsewhere for this project? Yes No
If yes, where: _____

1. Provide a brief description of your organization. Include, what is its purpose, what services does it provide, how is it funded, and who are your members or clients. If you have members are there fees to join. *(Maximum 250 words)*

If Applicant Organization is partnering with another Organization in this Application, **Partner Applicant Organization Support Form** must accompany this Application *(form available online or [click here to download.](#))*

PART 2 - PROJECT DETAILS

Project Name: _____

Total Project Cost: \$ _____ **Amount Requested:** \$ _____
(additional details to be provided in Part 3 – Project Budget)

Project Start Date: _____ **Project Completion Date:** _____

Project Type:

- | | |
|---|--|
| <input type="checkbox"/> One-Time Capital Project | <input type="checkbox"/> Seed Money |
| <input type="checkbox"/> Program | <input type="checkbox"/> Computers or Technology |
| <input type="checkbox"/> Renovation or Upgrade | <input type="checkbox"/> Other: _____ |

Project supports the following Objectives of the CFPD *(check most relevant Objectives):*

- | | |
|--|--|
| <input type="checkbox"/> Social services | <input type="checkbox"/> Physical fitness and health |
| <input type="checkbox"/> Arts and cultural activities | <input type="checkbox"/> Education |
| <input type="checkbox"/> Medical services | <input type="checkbox"/> Environment |
| <input type="checkbox"/> Child welfare, youth development, and family well-being | |
| <input type="checkbox"/> Other community activities or facilities of a charitable nature | |

1. Describe the details of the project/program that you are planning. What is it that your organization intends to do, who and how many will benefit from the project, what is the timeline, how do you intend to fund the project into the future? (*Maximum 250 words*)

2. Describe what the relationship of the project is to the overall goals and services of your organization? (*Maximum 150 words*)

3. Provide evidence that the community needs the project specifically stating its benefits to Portage and District. Describe consultations with potential participants and/or other organizations. Describe any partnerships with other organizations in this project and/or potential participants in the project. (include letters of support) (*Maximum 150 words*)

4. Describe who this project will benefit specifically (i.e. Youth, children, families, seniors, minorities, community in general, etc.). If known, how many citizens will benefit from this project? *(Maximum 100 words)*
5. How will the project be monitored and the results evaluated? *(Maximum 100 words)*
6. What financial resources will be available for this project's continuation (if applicable)? *(Maximum 100 words)*
7. If the CFPD cannot grant you the full amount requested, can some or all of the project still go ahead?
- No, we require full funding from CFPD to proceed with the project.
 - Yes, in a modified way *(please indicate which parts of the Project you would **most** like funding for):*
(Maximum 50 words)
8. How will you recognize CFPD and other Project Partners?
- Media ready story
 - Signage/banner
 - Social media
 - Other – please explain
 - Photography
 - Website

PART 3 - PROJECT BUDGET:

Provide a detailed outline of your project budget. Do not include the overall operational expenses of your organization – only the particulars related to the proposed project. If additional space is required for the budget a separate document can be provided by CFPD for completion.

NOTE: As per CFPD granting policies- regular operating expenses such as wages, rent, utilities, etc. will not be funded.

Total Expenses and Total Revenue must balance. Two quotes are needed for any single expenses over \$500, such as construction, furniture, equipment, appliances, etc.

Project Expenses		
Item	Preferred Provider/Quote <i>(if you choose the higher quote, explain why)</i>	Amount
EXAMPLE: HP Classic Printer	XYZ Computer Store	\$400.00
Total Expenses: <i>This number must match "Total Revenues" below.</i>		

Sources of Revenue		Confirmed	Unconfirmed
Requested from the CFPD			
Funding on Hand			
Other sources of Revenue (list)			
Sub Total			
Total Revenue: <i>This number must match "Total Expenses" above.</i>			

PART 4 – ACKNOWLEDGMENT BY APPLICANT

By submitting this Application, you are acknowledging that:

- You are the person named on page 1 of this Grant Application Form, and you are authorized by the Applicant Organization to submit this Application.
- You have carefully reviewed the Grant Application Checklist to ensure you have included all necessary supporting documents with this Application. **You understand it is your responsibility to ensure the Application is complete and electronically submitted on time.** You understand that if your Application is incomplete, late, or submitted on paper, it **will not be accepted** for review.
- If your Application is approved, you give permission, on behalf of the Applicant Organization, for the CFPD to make details of this Application and the Project available to the media, CFPD donors, and the general public.
- If your Application is approved, you understand that your Organization will be required to:
 - **Prior to Grant Funds being paid**, sign a Grant Agreement;
 - **Within 12 months of date of the Grant Agreement Signing**, spend the Grant Funds for the approved purpose; and
 - **Within 90 days of project completion**, submit a Grant Evaluation Report with supporting photos and receipts, in a form required by the CFPD.
- You understand that failure to abide by any conditions the CFPD may impose may result in the Grant Funds having to be paid back to the CFPD, and may impact your Organization’s eligibility to receive future Grants from the CFPD.