



**4. SCF GRANTING PRINCIPLE(S) ADDRESSED BY THIS PROJECT**

Check all that apply

- Emphasize prevention rather than remediation
- Encourage networking and collaboration among organizations
- Demonstrate innovative or interdisciplinary approaches
- Develop local leadership capacity
- Reflect diversity and inclusivity
- Provide leveraging possibilities

5. Has your organization received a grant from the Sarnia Community Foundation?

Yes  No If yes, when? \_\_\_\_\_

What were the funds used for?

\_\_\_\_\_

\_\_\_\_\_

If no, have you applied in the past?  Yes  No

What did you apply for?

\_\_\_\_\_

6. How did you hear about this grant opportunity?

- E-mail  Word of Mouth  Website  Facebook  Newspaper  
 Other \_\_\_\_\_

7. Are you a United Way funded organization?  Yes  No

8. Do we have your permission to share this application with our donor advised fund holders?

Yes  No

**Detailed Project Information:**

1. Describe the project, including its purpose providing information on the goals and activities that will be implemented to achieve them.

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2. How does this project fit with your organization's mission?

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3. Cite evidence of the human or community need for the project specifically stating its significance to Sarnia Lambton. Is anyone else in the community addressing this need?

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4. How will you measure the success of the project? How will you share this information with the community?

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Name of Project:



5. Have you approached other sources of support?  Yes  No

Name	Amount	Confirmed	Unknown

6. If you are not contacting other funding sources for assistance please explain why. If you are a chapter of a larger organization (national or provincial body), or normally receive government funding, please explain why they are not funding this project.

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7. Can this project proceed with partial funding or does the project require the full amount requested to proceed?

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8. If appropriate, how have you planned to continue this initiative? What financial resources are available for its continuation and how will sustainability be achieved in the coming years?

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9. Do you intend to co-operate with other agencies or non-profit organizations on this specific project? If so ... which ones... if not... why not? Explain your rationale.

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10. If funded, how do you intend to recognize the Foundation's support?

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Name of Project:

**Project Budget**

Please use this template to present your project budget OR create your own on a separate sheet and attach.

**Estimated Expenses: (please explain)**

Salaries/Fees/Honoraria:	\$
Materials/Supplies:	\$
Promotion and Printing:	\$
Office Expenses:	\$
Other:	\$
<b>Total Expenses:</b>	<b>\$</b>

**Estimated Revenue: (please explain)**

Fees:	\$
Donations:	\$
Other Grants & Support:	\$
Agency Commitment (cash & in-kind)	\$
Grant from Sarnia Community Foundation	\$
Other Revenue:	\$
<b>Total Revenue:</b>	<b>\$</b>

**APPLICANT INFORMATION**

Legal Name of Organization \_\_\_\_\_

Address of Organization applying \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone \_\_\_\_\_

Primary Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Name and contact information for the person completing the application ( if different from the primary contact)

\_\_\_\_\_ Position \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Option A**

Our organization is as a (select one):

Charity, registered with Canada Revenue Agency (CRA)      Date of Registration \_\_\_\_\_

Our Charitable Registration Number \_\_\_\_\_

(Format: 12345-6789 RR0001)

Amateur Athletic Association, registered with Canada Revenue Agency (CRA)

Registration Number \_\_\_\_\_

(Format: 12345-6789 RS0001)

Municipality

Year Established \_\_\_\_\_ Website \_\_\_\_\_

Number of Employees: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Number of Board Members: \_\_\_\_\_

Annual Budget for the Organization \_\_\_\_\_ Number of Volunteers \_\_\_\_\_

**Reserve\* Funds:**

Do you have funds set aside for emergencies, capital projects or other purposes?       Yes  No

If so, please tell us the amount and purpose for these funds.

\*Having a reserve does not prevent SCF from funding your request

Name of Project:



***We acknowledge our responsibility in the delivery of the project and will ensure that the requirements of the Foundation related to evaluation, reporting and publicity for the grant should the application be successful be completed by the dates set out in any approval letter issued to us.***

**Signature**

**Title**

**Date**

This must be someone with the authority to bind the organization. This should be the Chair/President, Vice-chair/Vice-president or Treasurer.

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**ADDITIONAL INFORMATION TO BE SUBMITTED WITH THE 12 COPIES OF THE APPLICATION**

**One** copy of the following

- A list of current officers of the Governing Board and all Directors
- The most current audited or reviewed financial statements
- Detailed Project Budget including quotations for capital purchases if not completed on page 5

**FOR OFFICE USE ONLY**

FILE # \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_

ACKNOWLEDGEMENT SENT (date) \_\_\_\_\_

RESULT SENT (date) \_\_\_\_\_

AMOUNT REQUESTED \_\_\_\_\_

AMOUNT APPROVED \_\_\_\_\_

FUND \_\_\_\_\_

Name of Project: