

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 registered with Canada Revenue Agency (CRA) as a (select one):

 Charity Registration Number _____ (Format: 12345-6789 RR0001) Amateur Athletic Association 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 _____

Do you have reserve* funds set aside for emergencies, capital projects or other purposes?

 Yes No

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

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

We acknowledge and accept that should our application be approved and funded, the grant will be used for the purposes outlined in this application and for no other purpose, unless permission is sought and obtained in writing in advance from the Sarnia Community Foundation. We will undertake to comply

with the requirements of the Foundation related to evaluation, reporting and publicity for the grant should the application be successful by the dates set out in any approval letter issued to us.

Date	Name (Please Print)	Title
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Signature of signing officer _____ This application must be signed by an individual with the authority to bind the organization. This should be the Chair/President, Vice-chair/Vice-president or Treasurer.

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Option B

We are **NOT** a registered charity but **prior** to this application being made, we have established an intermediary relationship with a charity or amateur athletic association that is registered with Canada Revenue Agency (CRA) or with a municipality. **Please note a copy of the board motion establishing the relationship is required from both organizations. SCF must be satisfied that the relationship is well established and of benefit to both bodies.**

Legal Name of Intermediary Organization _____

Mailing Address _____ City _____ Postal Code _____

Contact at Intermediary & Title _____

Phone _____ Email _____

Intermediary's Charitable Registration Number _____ - (Format: 12345-6789 RR0001)

The Intermediary must complete the section below.

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Please explain how this project fits with your mandate?

Who on your staff will be responsible for ensuring the work proceeds as outlined?

We are aware that this application is being filed and are fully able to support the project being undertaken as it falls with our scope and mandate. We acknowledge and accept that should this application be approved and funded, the grant will be used for the purposes outlined in this application and for no other purpose, unless permission is sought and obtained in writing in advance from the Sarnia Community Foundation.

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.

AGENCY OR ORGANIZATION SUBMITTING THE APPLICATION

Has your organization received a grant from the Sarnia Community Foundation in the past five years?

Yes No

If YES was the project or programme completed as identified in the grant request? Yes No

If No please explain.

If your agency applied in the past five years and was declined, what did you apply for? _____

Did that project proceed? Yes No

How was it funded? _____

How did you hear about this grant opportunity?

E-mail Word of Mouth Website Facebook Other

Are you a United Way funded organization? Yes No

If so, what are you funded for? _____

Some of our donor advised fund holders make grants outside the Community Grants process.

Do we have your permission to share this application with our donor advised fund holders? Yes No

INFORMATION TO BE SUBMITTED WITH THIS FORM

ALL applicants - 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.



For Organizations submitting under Option B- ONLY

A copy of the Board Resolutions establishing the intermediary relationship