

COMMUNITY IMPACT GRANTS APPLICATION

APPLICANT INFORMATION

Legal Name of Organization: _____

Address: _____

City: _____ Postal Code: _____ Phone: _____

PRIMARY CONTACT

Name: _____ Title: _____

Phone: _____ Email: _____

APPLICANT CONTACT INFORMATION (If different from the primary contact)

Name: _____ Title: _____

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.



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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 Authorized Signatory
"I have the authority to bind the organization"



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: _____

INTERMEDIARY CONTACT

Name: _____ Title: _____

Phone: _____ Email: _____

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

The Intermediary must complete the section below:

Please explain how this project fits with your mandate?

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

COMMUNITY IMPACT GRANTS APPLICATION

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 and be completed by the dates set out in any approval letter issued to us.

Authorized Signatory

Title

Date

“I have the authority to bind the organization”

Name (Please Print)

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?

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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 yes, 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