



"Building a Lasting Legacy"

App # _____

GRANT APPLICATION FORM

Please complete the form using the space provided.

1. Name of Application Organization: _____
2. Contact Person: _____ Position: _____
3. Telephone : _____ Email: _____
4. Mailing Address: _____

I certify that this funding application has official approval from the organization's Board of Directors:

Signature: _____ Position: _____

5. Charitable Number: _____

If another organization has granted you permission to use their CRA number, that organization will become the applicant and their written confirmation must be provided with your application for it to be considered.

6. Project Title: _____
7. Project Goals and Objectives: _____

8. Amount of grant requested from the Westshore Community Foundation: \$ _____

9. Total amount needed for the project (From all sources): \$ _____

10. List other funding partners:

11. Project description and plan of action:

12. Duration of Project: _____

13. Project Budget (include expenses & revenue with anticipated and confirmed funding from other sources). Please provide this information on a separate page.

14. List of Organization's Board of Directors:

15. Attach audited Financial Statements for the last complete year.

16. Who will the project benefit?

17. How many people is the project expected to reach?

18. List of agencies collaborating on this project?

19. In what ways will your organization recognize Westshore Community Foundation? (social media, newsletter, etc.)

20. Grants are made in the following areas:

- a. The Environment
- b. Heritage
- c. Culture
- d. Sports and Recreation
- e. Community Services
- f. Health
- g. Education

Please list what area or areas your project falls under. _____

Additional comments you wish to add.

Please return this application to: admin@wcf-foundation.ca or
Westshore Community Foundation
Box 395 Gimli, MB., ROC 1B0
Phone # 204-642-9796

Revised Jan/23