

**MISSION COMMUNITY FOUNDATION  
GRANT APPLICATION**

*(Updated June 2011)*

**Deadlines: March 1  
June 1  
November 1**

**COMPLETE ALL SECTIONS ON THIS FORM.** Additional materials may be appended if necessary. **REMIT 5 COPIES OF THE COMPLETED APPLICATION FORM.**

Include 1 copy of your last annual report, financial statements and list of directors.

**1. APPLICANT ORGANIZATION:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**MANDATORY:** Charitable Registration Number: # \_\_\_\_\_  
(If your organization does not have an approved CRA#, you may apply using a registered organization's # with their written agreement/approval.)

Project Co-ordinator:

Executive Officers of Board of Directors (names, addresses, telephone numbers).  
Append full Board list (one copy only).

Briefly state the history of your organization:

2. **PROJECT:**

Short Title:

Briefly describe proposed project for which you are making application, its specific goals and how they are to be accomplished.

What amount is requested from Mission Community Foundation? \$ \_\_\_\_\_

How will these funds be used?

What are the projected start-up and completion dates?

When would Mission Community Foundation funds be required?

What provision will be made for interim and final report?

What is the rationale for this project? What needs is it designed to meet, and for what target population?

How does this project relate to the overall purpose and priorities of your organization?

How will the proposed project benefit the community and the Province of B.C.?

3. *FINANCIAL*

**PROJECT BUDGET**

Expenditures		Revenue		
		SOURCE	AMOUNT	CONFIRMED
Tuition	\$		\$	
Residence				
Fees & Activities				
Equipment				
Supplies				
Other (Specify)				
TOTAL:	\$	TOTAL:		

Signatures: Project Co-ordinator \_\_\_\_\_

Board Chairman/President \_\_\_\_\_

DATE: \_\_\_\_\_