

Reston & Area Foundation
Box 515, Reston, Manitoba R0M 1X0

Grant Application Form

Please complete all of this form as presented.

Additional information may be submitted on separate pages.

Completed applications only will be accepted. Deadline for applications is February 28. Applications received after that date will be considered in the next year's intake.

1. Organization Information

Name: _____

Address: _____

Postal Code: _____

Email: _____

Phone: _____

Fax: _____

Year Established: _____

of Employees: _____

#of Members: _____

Revenue Canada Charitable Tax Number: _____

Attachments (check "x" if attached – otherwise please explain)

- () List of officers and all directors of governing board
- () Income and expense statements for last fiscal year
- () Income and expense budgets of current fiscal year
- () Copy of latest annual report
- () Detailed project budget showing income and cost by category

2. The Proposed Project

Name or Title (4 words or less): _____

Start Date: _____

Duration: _____

Total Cost of Project: _____

Income from Project: _____

Own Funds Provided: _____

Other Funds Sourced: _____

Reston & Area Fdn. Grant Request: _____

3. Provide a brief statement of the purpose of the project and the relationship of the project to the overall goals and services of your organization.

4. State evidence of the human or community need for the project and specifically its significance to Reston and Area.

5. Indicate your estimates of the number of users involved:

Board: _____ Members: _____ Others: _____ Total: _____

6. Describe the capacity of your organization to conduct the project and note special qualifications of staff and/or volunteers.

7. List and describe the consolations held with other organizations and indicate the level of support obtained.

8. If this project is successful, what financial resources will be needed and available for its continuation?

9. **Authorization**

Date of authorization by governing body: _____

Signature of President or another officer to submit this application:

Print Name

Signature

Title

Who will the Foundation contact if further information is needed?

Print Name

Title

Phone Number

Applications and support documents may be mailed to
Reston & Area Foundation Box 515 Reston, MB R0M 1X0
or delivered to any of the Directors of the Foundation.

For Office Use Only

Application #:

Date Received:

Grand Award \$:

Requested \$:

Date Approved: