

**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.**

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

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**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.**

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

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

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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: