



**The Pas/Tri-Community Foundation
GRANT APPLICATION**

Box 3773 - The Pas – MB – R9A 1S4

Name of Organization: _____

Charitable Registration Number: (required) _____

Contact Person: _____ **Title:** _____

Address: _____

Email: _____ **Telephone:** _____

President: _____

Executive Director: _____

Previous Grants: *Please list previous grants received in the last five years.*

Date: _____ **Purpose:** _____

Project Title: _____

Amount Requested: \$ _____ **Total Project Costs: \$** _____

Brief Description of Project: _____

Project Duration: **From** _____ **To** _____

Date Funds are Required: _____

ABOUT YOUR PROJECT

PURPOSE: What is the purpose of this project? _____

WHO: Who will be served by this project? _____ How many will be served? _____

What is the geographic area served? _____

SOURCES OF FUNDING Please identify sources of funding for this grant application:

\$ _____ Pending Confirmed

\$ _____ Pending Confirmed

\$ _____ Pending Confirmed

\$ _____ Pending Confirmed

FUTURE FUNDS: If this project will require future or ongoing funding, how will that be done?

EVALUATION: Manner in which project will be evaluated (*including time-frame and final report*)

OTHER: Is there anything else you would like us to know about this project (maximum 2 pages).

PARTIAL FUNDING: Would your organization be able to continue the initiative if you were to receive only partial funding in support of your request? Yes No If no, please explain:

How do you propose to recognize a grant from the The Pas Tri-Community Foundation? _____

ABOUT YOUR ORGANIZATION

ORGANIZATION: When did it begin operation? _____

What is the purpose of your organization and whom does it serve? _____

VOLUNTEERS:

(a) Do volunteers who are not Board Members work for your organization? _____

(b) If the answer is yes, how many are involved? _____

(c) What do they do? _____

STAFF: Number of full-time positions _____
Number of part-time positions _____

ATTACHMENTS (“x” indicates items attached. If not attached provide explanation.)

List of Officers of the Governing Board and All Directors

Income and Expense Budget:

Last Fiscal Year

Current Fiscal year

Detailed project budget indicating anticipated income and costs

We certify that the Board of Directors has authorized this application.

President: _____ Date: _____

Executive Director: _____ Date: _____

Mail Application to:
The Pas/Tri-Community Foundation
Box 3773, The Pas, MB, R9A 1S4
Or email to:
contact@tptcf.ca