



Beautiful Plains Community Foundation Inc.
Box 486, 487 Walker Ave
Neepawa, MB R0J 1H0
Phone: 204.476.2681

GRANT APPLICATION GUIDELINES

The Mission Statement of the Beautiful Plains Community Foundation Inc. is:

To preserve and advance the quality of life in the Community by developing permanent endowment funds, making responsible grants and acting as a catalyst for Community philanthropy and leadership.

The "Community" encompasses the Town of Neepawa, the Unincorporated Village of Brookdale and the Rural Municipalities of Rosedale, Glenella-Lansdowne and the Langford portion of North Cypress-Langford. Should your grant request not primarily serve the listed "Community" above your grant application will not be considered.

In order to accomplish the Foundation's mission effectively and efficiently, a thorough review process for grant applications has been created.

INCOMPLETE GRANT APPLICATIONS WILL NOT BE CONSIDERED.

Please review your application before submission.

Please follow the **granting guidelines** listed here when completing an application form. *(Do not feel restricted to the space provided for answers)*

1. Grants are made to registered charities with CRA Registration Numbers and other qualified recipients under the Income Tax Act.
2. Organizations must demonstrate a strong and committed board, fiscal responsibility, and effective management.
3. Applicants must establish that there is a need for their project.
4. Grants are awarded for definite purposes and for projects covering a specific period of time.
5. Capital requests must include a maintenance and replacement plan.
6. Pilot or demonstration projects must include provision for evaluation and a realistic plan for financial viability beyond the pilot stage
7. The BPCF encourages the participation of others in funding projects and, on occasion, provides matching or challenge grants to stimulate response from other sources.
8. Preference is given to projects which:
 - benefit the whole "Community"
 - encourage more efficient use of community resources
 - demonstrate new approaches and techniques in the solution of community problems
 - promote cooperation and sharing among organizations, eliminating duplication of services
 - promote volunteer participation
 - strengthen management capabilities
 - have not yet started
9. Grants are not made to or for:
 - individuals
 - annual fund drives
 - establish or add to endowment funds
 - political activities
 - direct religious activities
10. Grant recipients are required to complete a grant report showing accountability for the use of the funds within one year. Failure to complete this report may result in denial of future grant applications.
11. Return completed application form, project budget and attachments by March 31

Please do not hesitate to call or email bpcfinc@mymts.net should you have any questions regarding this grant application



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GRANT APPLICATION FORM

IMPORTANT: INCOMPLETE GRANT APPLICATIONS WILL NOT BE CONSIDERED

Checklist

- One completed and signed application form
- One copy of your Organization's most recent audited or third party reviewed annual financial statements
- One copy of your Organization's income and expense budgets for the last fiscal year
- One copy of your Organization's income and expense budgets for the current fiscal year
- One Sponsor Agency Letter of Support (if applicable)
- Two quotations for all capital projects
- One detailed project budget
- One copy of your most recent Annual Report or other documents describing your Organization

NOTE: The details of your application may be made available to our donors and to the public

A. APPLICANT ORGANIZATION INFORMATION

Name:

Address:

Email:

Postal Code:

Telephone:

Fax:

Year Established:

Website:

Number of Employees: Full-time

Part-time

Number of Volunteers:

Contact Person:

Title:

Contact Email:

Contact Telephone:

List of Board of Directors:

Revenue Canada Charitable Registration Number:

-OR-

Sponsor Agency for Project:

A Sponsor Agency Letter of Support is required and must be included with this application

Sponsor Agency Revenue Canada Charitable Registration Number:

1. What is the purpose of your organization?

2. What services are provided by your organization?

3. What is the geographic area served by your organization?
 - Town of Neepawa
 - Langford portion of the RM of North Cypress-Langford
 - RM of Glenella-Lansdowne
 - Village of Brookdale
 - RM of Rosedale
 - All the listed areas including:

4. Who utilizes your services?
 - Toddler (0 – 4)
 - Young Adult (18 - 35)
 - Senior (66 & up)
 - Youth (5 – 18)
 - Adult (36 – 65)
 - All age groups

5. How many people do you serve?
 - 1 – 10
 - 51 – 100
 - 501 – 1000
 - 11 – 25
 - 101 – 200
 - 1001 & up
 - 26 – 50
 - 201 – 500

6. How are the operations of the organization funded?
 - Donations
 - Fundraisers
 - Government Grants
 - Grants
 - All of the above
 - Other (please list)

7. Identify the sources of financial support for the ongoing operating costs.

8. What is the last year that your organization received a grant from:

Beautiful Plains Community Foundation

Youth Advisory Committee

B. GRANT REQUEST

Amount Requested:

Total Cost of Project:

When are funds needed?

Type of grant request:

- One-time capital project
- Special or demonstration project
- General operating support
- Program
- Renovation or Upgrade
- Computers or Technology
- Other:

Duration of project:

Projected start date:

Projected completion date:

C. PROJECT INFORMATION

1. Project Name:

2. Describe the project:

3. What are the goals and objectives of the project?

4. How will the completion of this project impact the community, your organization and those utilizing the services of your organization?

5. What is the geographic area impacted by this project?
 - Town of Neepawa
 - Langford portion of the RM of North Cypress-Langford
 - RM of Glenella-Lansdowne
 - Village of Brookdale
 - RM of Rosedale
 - All the listed areas including:

6. Who will benefit from this project?
 - Toddler (0 – 4)
 - Young Adult (18 - 35)
 - Senior (66 & up)
 - Youth (5 – 18)
 - Adult (36 – 65)
 - All age groups

7. This project will impact how many people?
 - 1 – 10
 - 51 – 100
 - 501 – 1000
 - 11 – 25
 - 101 – 200
 - 1001 & up
 - 26 – 50
 - 201 – 500

8. Will volunteers from your organization participate in the implementation of this project? Yes or No
If yes, please describe how?

9. Will members of the community and other organizations be part of the development and implementation of the project?
 Yes or No If yes, please describe how

10. Have you consulted with other organization or experts in the field regarding this project?
 Yes No Not Applicable Yes please indicate below whom and include any reports/findings with the application

11. Please indicate how you will measure the success of the project in relation to its goals and objective

12. Outline the capacity of your group to successfully complete this project:

13. Would your organization be able to continue with the project if you were to receive only part of the grant requested?
 Yes or No If yes, please explain:

14. Have you approached other sources of support Yes or No (If yes, please list on budget below)

15. How will the Beautiful Plains Community Foundation be recognized in contributing to this project?

D. PROJECT FUNDING

Project Expenses			
<i>Item</i>		Amount	
		Total:	
Sources of Revenue		<i>Confirmed</i>	<i>Unconfirmed</i>
	<i>Request from BPCF</i>		
	<i>Funding on Hand</i>		
	<i>Other Sources of Revenue</i>		
	Subtotal		

Note: Total Project Expenses must equal Sources of Revenue

E. AUTHORIZATION

Has your organization authorized this grant application? Yes No Date of authorization:

This application must be signed by two representatives of the organization (Chairperson, President, Treasurer or Secretary)

Signature: Title

Name (Please Print):

Signature: Title

Name (Please Print):