

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

Phone: 204.476.2681

GRANT APPLICATION FORM

A. APPLICANT ORGANIZATION INFORMATION

Name:				
Mailing Address:	Email:			
Street Address: (if applicable)				
Postal Code:		Telephone:		
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:				

The Beautiful Plains Community Foundation requires all grant cheques be written to a registered charity. If the grant applicant is not a registered charity you must have a registered charity accept the grant cheque on behalf of your organization. This will be the Sponsor Agency for the Project.

Grant Applicant's Revenue Canada Charitable Registration Number: -OR-

Sponsor Agency for Project:

Sponsor Agency Revenue Canada Charitable Registration Number:

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

1.	What is the purpose of your org	ganization?		
2.	What services are provided by	your organization?		
3.	What is the geographic area se Town of Neepawa RM of Glenella-Lansdow Other please list:	Lar		∄ of North Cypress-Langford
4.	Who utilizes your services? Toddler (0 – 4) Youth (5 – 18)	Young Adult (18 - 35) Adult (36 – 65)		Senior (66 & up) All age groups
5.	How many people do you serve Up to 10 Up to 50 Up to 100	e? Up to 500 Over 500		
6.	How are the operations of the	organization funded? Donations Other (please list)	Fundraisers	Grants

B. PROJECT INFORMATION

- 1. Project Name:
- 2. Describe the project:

3. What are the goals and objectives of the project? (For Example: What challenge is this project solving for your community or organization?

4.	Indicate how you will measure	e the success of the project in relation to its go	pals and objectives.
5.	What long term benefits does	this project bring to your organization and/or	the "Community"?
6.	What is the geographic area in Town of Neepawa RM of Glenella-Lansdow Other Please list:	RM of Rosedale	h Cypress-Langford
7.	Who will benefit from this proj Toddler (0 – 4) Youth (5 – 18)	ect? Young Adult (18 - 35) Adult (36 – 65)	Senior (66 & up) All age groups
8.	This project will impact how m Up to 10 Up to 50 Up to 100	nany people? Up to 500 Over 500	
9.		anization, local businesses, members of the development and implementation of the project	

10.	10. Do you have the required building permits, engineered drawings and consultations required to complete this project? Yes No Not Applicable			
11.	Would your organization be ab Yes No	le to continue with the project if you w Please explain:	ere to receive only	part of the grant requested
C. (GRANT REQUEST OF BPCF			
	Amount Requested:	Total Cost of Proje	ct:	
	Projected start date:	Projected completi	on date:	
Hav	e you approached other source	s of support? Yes No (If	yes, please list on bud	get below)
D.	PROJECT FUNDING			
Pro	ject Expenses			
Iten	n			Amount
			Total:	
Soi	irces of Revenue		Confirmed	Unconfirmed
Sou	urces of Revenue	Request from BPCF	Confirmed	Unconfirmed
Sou	urces of Revenue	Request from BPCF Funding on Hand	Confirmed	Unconfirmed
Sou	<u>'</u>	Funding on Hand	Confirmed	Unconfirmed
Sou	urces of Revenue (As indicated in se	Funding on Hand	Confirmed	Unconfirmed
Sou	<u>'</u>	Funding on Hand	Confirmed	Unconfirmed
Sou	<u>'</u>	Funding on Hand	Confirmed	Unconfirmed
Sou	<u>'</u>	Funding on Hand	Confirmed	Unconfirmed
Sou	<u>'</u>	Funding on Hand	Confirmed	Unconfirmed
Sou	<u>'</u>	Funding on Hand ection C) Other Sources of Revenue	Confirmed	Unconfirmed
	<u>'</u>	Funding on Hand ection C) Other Sources of Revenue Subtotal	Confirmed	Unconfirmed
Note	(As indicated in se	Funding on Hand ection C) Other Sources of Revenue Subtotal Total	Confirmed	Unconfirmed
Note E.	(As indicated in se	Funding on Hand ection C) Other Sources of Revenue Subtotal Total		
Note E. How	(As indicated in se	Funding on Hand action C) Other Sources of Revenue Subtotal Total Cources of Revenue	ntributing to this pro	
Note E. How	(As indicated in second control of the control of t	Funding on Hand action C) Other Sources of Revenue Subtotal Total Cources of Revenue UNDING nunity Foundation be recognized in continuous Newsletters/organization	ntributing to this pro	oject?

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):			
If submitted digitally typing your name is considered an electronic signature			

Checklist

Grant report from previously granted project if not already submitted

One completed application form

One copy of your Organization's most recent annual financial statement

One copy of your Organization's budget for the last fiscal year

One copy of your Organization's budget for the current fiscal year

One Sponsor Agency Letter of Support (if applicable)

One quote for all capital projects required, two preferred

One detailed project budget

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

INCOMPLETE GRANT APPLICATIONS WILL NOT BE CONSIDERED.

Please review your application before submission.

Mailed and digitally completed application packages must be received no later than 5:00 pm March 31.

Applications received after this deadline will not be considered

The Beautiful Plains Community Foundation will not be held responsible for any grant applications not received by grant deadline.

Please do not hesitate to call or email info@beautifulplainscf.ca should you have any questions regarding this grant application