



## Beautiful Plains Community Foundation Inc.

P.O. Box 486, 487 Walker Avenue

Neepawa, MB R0J 1H0

Phone: 204-476-2681

Email: [info@beautifulplainscf.ca](mailto:info@beautifulplainscf.ca)

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### GRANT APPLICATION

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**Granting is done annually. Grant applications are accepted from:**

**February 1 to March 31**

**Decision made by: May 1**

**Applications submitted must be received by the Beautiful Plains Community Foundation  
no later than 5:00PM on March 31.**

**NOTE: Late or incomplete applications will not be considered for funding.  
Applications which are handwritten will not be considered for funding.**

**Please DROP OFF or EMAIL completed applications with required attachments to:**

**Beautiful Plains Community Foundation, 487 Walker Avenue, Neepawa, MB R0J 1H0  
[info@beautifulplainscf.ca](mailto:info@beautifulplainscf.ca)**

### Required Attachments to be Included:

\_\_\_ Your organizations total budget for the current fiscal year

\_\_\_ Your organizations total budget for the last fiscal year

\_\_\_ Budget for proposed project (and quotes, if applicable)

### Applicant Organization Information:

Name of Organization: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Position: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Organization Address: \_\_\_\_\_

Year Established: \_\_\_\_\_ Website: \_\_\_\_\_

Number of Employees: Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_ Volunteers: \_\_\_\_\_

List of board members, executive and officers:

Which best describes your organization:

- ☐ Non-qualified donee (grassroots not for profit organization, resident-led community group, registered non-profit without charitable status)
- ☐ Qualified donee (Registered Charity, Registered Canadian Municipality)  
Qualified Donees include charitable registration # \_\_\_\_\_ RR0001

Please indicate the name BPCF should write a cheque to, should your organization be awarded a grant: \_\_\_\_\_

If you have received a grant from the Beautiful Plains Community Foundation in the past, are your grant report forms up to date?

☐ Yes ☐ No

What is the purpose of your organization?

What is the geographic area served by your organization? Select all that apply.

- ☐ Town of Neepawa
- ☐ Municipality of Glenella-Lansdowne
- ☐ Rural Municipality of Rosedale
- ☐ Langford Portion of the Municipality of North Cypress-Langford

Who utilizes your organizations services? (demographics) Select all that apply.

- ☐ Toddler (0-4)
- ☐ Youth (5-18)
- ☐ Young Adult (18-35)
- ☐ Adult (36-65)
- ☐ Senior (66 & up)

How many people does your organization serve? Select one answer.

☐ Up to 10

☐ Up to 50

☐ Up to 100

☐ Up to 500

☐ Over 500

How are your organizations operations funded? Select all that apply.

☐ Programming

☐ Donations

☐ Fundraisers

☐ Grants

☐ Other: \_\_\_\_\_

### **Grant Request Information:**

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Name of Project: \_\_\_\_\_

Project Description:

What are the goals and objectives of the project?

Indicate how you will measure success of the project in relation to its goals and objectives?

What long term benefits does this project bring to your organizations and/or the "Community"?

How will members of your organization, local businesses, members of the community and other community organizations be part of the development and implementation of the project?

Do you have the required building permits, engineered drawings and consultations required to complete this project?

☐ Yes      ☐ No      ☐ Not Applicable

If awarded a grant, how will your organization recognize BPCF?

Total Cost of Project \$ \_\_\_\_\_ Amount Requested \$ \_\_\_\_\_

Project Start Date: \_\_\_\_\_ Project Completion Date: \_\_\_\_\_

Other Sources of Funding:

Received From	Amount	Confirmed	
		Yes	No
_____	\$ _____		
_____	\$ _____		
_____	\$ _____		
_____	\$ _____		
_____	\$ _____		
_____	\$ _____		

Partial Funding:

Would your organization be able to continue the initiative if you were to receive only partial funding in support of your request?

\_\_\_ No

\_\_\_ Yes, please elaborate:

**Grant Application Submission Agreement:**

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\_\_\_ I understand that applications which are submitted without all required information and attachments will not be considered for funding.

\_\_\_ I understand that this application will be reviewed by the Beautiful Plains Community Foundation Inc. Grant Committee, and that submission of this application does not guarantee funding.

\_\_\_ I understand that my organization will be notified of the results of this application at the email address I provide.

\_\_\_ I understand that if this project is selected for funding, my organization will be required to complete the BPCF Grant Report within one year of receiving funding.

\_\_\_ I understand that if awarded a grant, the payment will be made to the organization name listed on this application.

\_\_\_ I understand that our organization must provide project updates, as requested by Beautiful Plains Community Foundation.

Applicant Authorization: \_\_\_\_\_ Date: \_\_\_\_\_