



Foord Family
FOUNDATION

PO Box 1240, Vernon, BC V1T 6N6 • info@foordfamilyfoundation.org

GRANT APPLICATION FORM

Our Mission Statement

The primary focus of the Foord Family Foundation is to improve the quality of life for children and youth.

APPLICANT ORGANIZATION

Legal Name:

Mailing Address:

Telephone:

Website:

Executive Director:

Email:

Contact and Title:
(If different from Executive Director)

Email:

Charitable Registration #

Date of founding:

(All requests must have the above 15 character registration number as provided by Canada Revenue Agency)

PROJECT ORGANIZATION *(If applicable)*

Name:

Address:

Telephone:

Website:

Executive Director:

Email:

Contact and Title:

Email:

Date of founding:

ORGANIZATION'S MISSION STATEMENT/STATEMENT OF PURPOSE *(Max 100 words)*

Number of paid staff: Full Time: Part Time:

Number of Volunteers *(not including Board Members)*:

Project Title:

Amount of Grant Requested: \$

When would these funds be required?

Total amount required for this project? \$

PURPOSE OF FUNDING REQUEST

Grant will be used for:

Service Expansion/Improvement

New Program

Capital Expenditures *(if so, list in order of priority under **THE PROJECT**, & attach 2 quotations)*

THE PROJECT

Describe the need for your project. Who and how many will be served, and the anticipated results/benefits?
(Max 350 words)

CARRYING OUT THE PROJECT

What activities will you undertake to achieve the intended results? (Max 150 words)

What knowledge, skills and experience does your organization have which qualify it to carry out this project?
(Max 150 words)

Will volunteers be involved in the project? Yes If so, how many? No

Proposed start-up date:

Proposed completion date:

COMMUNITY SUPPORT/CO-ORDINATION

Describe the community support you have gathered for this project and how you will co-ordinate your plans with others who are servicing similar needs or populations. How is your project different from and/or better than existing services? (Max 200 words)

PROJECT BUDGET

Expenditures:

Salaries	
Rent/Utilities	
Other Costs	
Capital Costs	
TOTAL	

Revenue: *(List all potential partners/ sources of funds and results to date)*

Source	Purpose for which these funds will be used	Amount	Status
TOTAL			

OTHER FINANCIAL CONSIDERATIONS

What would happen if the Foord Family Foundation provided only a portion of the amount requested? *(Max 80 words)*

If this is an on-going program, how will it be sustained after the initial funding period? *(Max 80 words)*

Have you previously received a grant from the Foord Family Foundation? Yes No

Amount of grant: \$ Date received:

If so, what was the grant used towards? *(Max 100 words)*

AUTHORIZATION *(This application must be signed by two Board Directors or one each of the Executive Director and a Board Director)*

We understand that as an applicant, we are responsible for the grant monies and for the successful completion of the project.

Additionally, we understand that should we receive a grant from the Foord Family Foundation, we are required to submit a final report within one year of receiving our grant.

Signature of Applicant Organization
Executive Director/First Director

Signature of Applicant Organization
Second Director

Name (Print)

Name (Print)

Position

Position

Date

Date

PLEASE ATTACH THE ORGANIZATION'S MOST RECENT FINANCIAL STATEMENTS