



Port Coquitlam Community Foundation Grant Application - 2018

THE FOUNDATION RESERVES THE RIGHT TO DISQUALIFY ANY APPLICATIONS THAT ARE INCOMPLETE, ILLEGIBLE AND/OR DO NOT OTHERWISE FOLLOW THE SUBMISSION GUIDELINES.

Grants are available to registered charities whose projects will directly benefit the residents of Port Coquitlam.

Pre - Screening Requirements

PART 1A - IF YOU ARE NOT A REGISTERED CHARITY AND ARE PARTNERING WITH A REGISTERED CHARITY.

Name of organization: _____

Operating name of organization _____

Name and position of contact person: _____

Complete address of applicant: _____

Phone number: _____ Email address: _____

Website address: _____

PART 1B - IF YOU ARE A REGISTERED CHARITY AND APPLYING ON YOUR OWN OR YOU ARE PARTNERING WITH THE APPLICANT IN PART 1A.

Name of organization: _____
(as it appears on the Canada Revenue Agency list of Registered Charities)

Operating name of organization: _____

CRA Registered Charity Number: _____ RR _____

CRA registration date: _____

Name and position of contact person: _____

Complete address of organization: _____

Phone number: _____ Email: _____ Website: _____

3. Statement of Innovation: *Please provide a brief description of how your proposal is innovative (e.g. taking a new approach to solving a community challenge).*

4. All projects and programs must be completed and final report received by the PCCF by June 30th, 2019. Please state the expected completion date for the project: _____

5. Please note that for this granting cycle, up to \$5000 is available per grant. State the amount of grant funding your organization is requesting: \$ _____

6. Number of employees (related to this project): Full-time _____ Part-time _____

7. Number of volunteers (related to this project): _____

8. What are the goals and objectives of your organization? Please include a purpose statement for your organization, if available. (Max. 50 words):

9. How would you describe the focus of your project (Check all that apply)?

- | | | |
|--|--|--|
| <input type="checkbox"/> Health & Wellness | <input type="checkbox"/> Education | <input type="checkbox"/> Arts & Culture |
| <input type="checkbox"/> Environment | <input type="checkbox"/> Social Services | <input type="checkbox"/> Sports & Recreation |
| <input type="checkbox"/> Other: (Please specify) _____ | | |

10. What other funding for this project has been requested or committed to date? Please list source and amount.

19. What knowledge, skills and experience does your organization have which qualify it to carry out this project?

20. If the program or project you are proposing is similar to a project or program already operating in Port Coquitlam, please provide an explanation on how your approach is different, more innovative, etc., or, please explain how you would partner with the existing program provider.

21. Will the project proceed if the funding awarded by the PCCF is less than requested by your organization? If yes, please provide a brief explanation.

22. How does your project:

A. Strive to have a lasting impact in our community?

B. Build on existing community strengths and assets?

C. Use resources efficiently and effectively?

D. How does this funding enable you to better serve your client base?

E. How will you measure the success/results of your project?

I HEREBY DECLARE THE ABOVE INFORMATION TO BE CORRECT TO THE BEST OF MY KNOWLEDGE AND IF THE FOUNDATION GRANTS AN AWARD FOR THIS PROPOSAL, THE FUNDS WILL BE USED FOR THIS PURPOSE ONLY. I ALSO AUTHORIZE THE FOUNDATION TO VERIFY THE INFORMATION PRESENTED.

On behalf of the Applicant organization:

Print Name _____ Signature _____
Administrator/Staff Rep (if applicable)

Print Name _____ Signature _____
Chairperson/Board Representative

NOTE 1: Any organization whose submission is selected in this process will be required to sign a contract and agree to specific final reporting.

NOTE 2: The PCCF reserves the right to request additional information in any of the previous categories listed in this document.

Please provide the following documentation:

- A. Project budget (using the PCCF Budget Document)
- B. List of applicant organization's Board of Directors, positions and contact information
- C. List of applicant organization's staff (and their applicable titles) who will be directly involved/ responsible/ accountable for this project
- D. Applicant organization's financial statements for the last fiscal year (audited, if available)

PLEASE SUBMIT ALL DOCUMENTS INCLUDING THIS APPLICATION IN A SINGLE PDF.

Please note that all submitted materials become the property of the PCCF.

Please return the required documentation to the Port Coquitlam Community Foundation by email to **submissions@pcofoundation.com** by midnight on March 1, 2018.

Late submissions will not be accepted.