



**Port Coquitlam Community Foundation
Theatre Society Legacy Fund – TSLF Arts Grant Application - 2020**

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

This grant is intended to encourage and support the development, enhancement, innovation or mentorship of a diverse variety of inclusive arts. Grants are available to registered charities. All projects or programs must be completed and final report received by within one calendar year of receipt of the grant.

Name of Applicant 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 of contact person: _____

Address of Organization: _____
(Include postal code)

Phone Number: _____

Email Address: _____

Website Address: _____

Preferred Method of Contact: _____

1. Does the requested grant funding benefit residents of the Tri-Cities region (Anmore, Belcarra, Coquitlam, Port Coquitlam or Port Moody)?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
2. Does your project/program take place in the Tri-Cities region (Anmore, Belcarra, Coquitlam, Port Coquitlam or Port Moody)?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
3. Would this project proceed if your organization did not receive this grant?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
4. Is your project/program intended to promote or to be used for commercial products or purposes?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No

PART 2

1. Project/program Title: _____

2. Describe the project/program and its goals (max 300 words):

3. Statement of Innovation: Provide a brief description of how your proposal is innovative.

4. Note for this granting cycle, a maximum of \$10,000 may be awarded.

State your grant funding requested amount: \$ _____

5. Number of employees related to the project/program: _____

6. Number of volunteers related to the project/program: _____

7. What are the goals/objectives of your organization? Include a purpose statement, if available. (max 50 words)

8. What other funding for this project/program has been requested or committed to date? List source and amount:

Source:		
Source:		
Source:		

9. Project Timeline:

A. Proposed start-up date: _____

B. Completion date: _____

C. Project/Program Milestones:

10. Will the grant be used for a capital project? Yes No *If no skip to question 13*

11. If the grant is for a capital project, who will own the asset? _____

12. For capital projects, how will the facility be maintained / operated once constructed? (If operating funding has been obtained from other sources, please attach letters of confirmation)?

13. Is your project a new community initiative? Yes No

Or will it fund the expansion of an existing project/program? Yes No

14. List other organizations or individuals cooperating or partnering in this project, if applicable.

15. Will the project proceed if the funding awarded is less than requested by your organization? If yes, what modifications would you make?

16. If this is an ongoing program, how will it be sustained after the initial funding period?

PART 3 OBJECTIVES

17. How does your project/program strive to have a lasting impact in the community?

18. How does your project/program build on existing community strengths and assets?

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

I HEREBY DECLARE THE ABOVE INFORMATION TO BE CORRECT TO THE BEST OF MY KNOWLEDGE. IF I AM GRANTED A TSLF FUNDING FOR THIS PROPOSAL, THE FUNDS WILL BE USED FOR THIS PURPOSE ONLY. I AUTHOURIZE PORT COQUITLAM COMMUNITY FOUNDATION (PCCF) 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
Date: _____

NOTE 1: Any organization whose submission is selected in this process is 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.

NOTE 3: All submitted materials become the property of the PCCF

Provide the following documentation:

- A. Project budget (using the PCCF-TSFL 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)

**Return the required documents to:
Port Coquitlam Community Foundation – Theatre Legacy Fund
Email to info@pcofoundation.com by midnight on March 15, 2020.**

SUBMIT ALL DOCUMENTS INCLUDING THIS APPLICATION IN A SINGLE PDF.