



Northern Neighbours Foundation

GRANT APPLICATION 2025

Box 802 - Flin Flon - MB - R8A 1N6 - northernneighbours.com

Please try to limit typing to size of boxes. After completion, save file and email to northernneighboursfoundation@gmail.com

Name of Organization:

Charitable Registration Number (required):

Contact Person:

Title:

Full Mailing Address:

Email:

Telephone:

President:

Executive Director:

Previous Grants: *Please list previous grants received from Northern Neighbours in the last five years.*

Project Title: [Click Here](#)

Year: [Click or t](#)

Amount: [Click Here](#)

Project Title: [Click Here](#)

Year: [Click or tap to ent d](#)

Amount: [Click Here](#)

NEW Project Title: [Click Here](#)

Brief Description of NEW Project:

Total Project Costs: \$

Amount Requested: \$

Project Duration:

From

to

Date Funds are required: [Click or tap .](#)

ABOUT YOUR PROJECT

PURPOSE: What is the purpose of this project?

WHO: Who will be served by this project? How many will be served? What geographic area is served?

[Click Here](#)

SOURCES OF FUNDING Please identify sources of funding for this project:

- | | | | |
|----|----|----------------------------------|------------------------------------|
| 1. | \$ | <input type="checkbox"/> Pending | <input type="checkbox"/> Confirmed |
| 2. | \$ | <input type="checkbox"/> Pending | <input type="checkbox"/> Confirmed |
| 3. | \$ | <input type="checkbox"/> Pending | <input type="checkbox"/> Confirmed |
| 4. | \$ | <input type="checkbox"/> Pending | <input type="checkbox"/> Confirmed |

FUTURE FUNDS: If this project will require future or ongoing funding, how will that be done?

[Click or tap here to enter text](#)

EVALUATION: How will this project be evaluated (*including time-frame and final report*)?

OTHER: Is there anything else you would like us to know about this project? Use this space or add maximum 2 pages to application. I have added an attachment to this application.

PARTIAL FUNDING: Would your organization be able to continue the initiative if you were to receive only partial funding in support of your request? **Yes** **No** If 'no', please explain below.

RECOGNITION: How do you propose to recognize a grant from The Northern Neighbours Foundation?

ABOUT YOUR ORGANIZATION

ORGANIZATION:

- a) When did it begin operation?
- b) What is the purpose of your organization and whom does it serve?

VOLUNTEERS:

- (a) Do volunteers who are not Board Members, work for your organization?
- (b) If the answer is yes, how many are involved? [Click Here](#)
- (c) What do they do?

STAFF:

- a) Number of full-time positions:
- b) Number of part-time positions:

ATTACHMENTS (Click on box to indicate items are attached. If not attached provide explanation.)

- List of Officers of the Governing Board and All Directors**
- Income and Expense Budget:**
 - Last Fiscal Year**
 - Current Fiscal year**
 - Detailed project budget indicating anticipated income and official quotes**
- We certify that the Board of Directors has authorized this application.**

President: _____

Date: Click or tap to enter a date.

Executive Director: _____

Date: ick or tap to enter a date.

Mail Application to:

The Northern Neighbours Foundation
Box 802, Flin Flon, MB, R8A 1N6

Or email to:

northernneighboursfoundation@gmail.com