



Northern Neighbours Foundation GRANT APPLICATION 2026

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

Form can be printed and filled out by hand, or can be completed electronically. Content MUST be limited to characters which fit in the boxes as they will not be visible otherwise when printed

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:

TO SUBMIT APPLICATION

*Electronic: Save the file to your computer then email the application to
northernneighboursfoundation@gmail.com*

Hard Copy: If you prefer to send a hard copy, please mail to:

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