



# Northern Neighbours Foundation Inc.

## GRANT APPLICATION

Box 802, Flin Flon, Manitoba R8A 1T3 Ph: 204-687-5715

Name of Organization: \_\_\_\_\_

Charitable Registration No.: (required) \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

President: \_\_\_\_\_

Executive Director: \_\_\_\_\_

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

Date	Purpose	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Project Title: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_ Total Project Costs: \$ \_\_\_\_\_

Brief Description of Project: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Project Duration: From \_\_\_\_\_ to \_\_\_\_\_

Date Funds are required \_\_\_\_\_

## **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 is the geographic area served? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SOURCES OF FUNDING** Please identify sources of funding for this grant application:

_____	\$ _____	Pending	Confirmed
_____	\$ _____	Pending	Confirmed
_____	\$ _____	Pending	Confirmed
_____	\$ _____	Pending	Confirmed

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EVALUATION:** Manner in which project will be evaluated (*including time-frame and final report*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER:** Is there anything else you would like us to know about this project (maximum 2 pages).

\_\_\_\_\_  
\_\_\_\_\_

**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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How do you propose to recognize a grant from the Northern Neighbours Foundation?

\_\_\_\_\_  
\_\_\_\_\_

**ABOUT YOUR ORGANIZATION**

**ORGANIZATION:** When did it begin operation? \_\_\_\_\_

What is the purpose of your organization and whom does it serve? \_\_\_\_\_

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**VOLUNTEERS:**

(a) Do volunteers who are not Board Members work for your organization? \_\_\_\_\_

(b) If the answer is yes, how many are involved? \_\_\_\_\_

(c) What do they do? \_\_\_\_\_

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**STAFF:** Number of full time positions \_\_\_\_\_

Number of part-time positions \_\_\_\_\_

**ATTACHMENTS** (“x” indicates items 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 costs**

**We certify that the Board of Directors has authorized this application.**

President: \_\_\_\_\_ Date: \_\_\_\_\_

Executive Director: \_\_\_\_\_ Date: \_\_\_\_\_

Mail Application to: NORTHERN NEIGHBOURS FOUNDATION INC. BOX 802 FLIN FLON, MANITOBA R8A 1N6
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