



Grant Application

Applications and required support material to be submitted or postmarked by November 10th to :-

Living Legacy Community Foundation P.O. Box 1343, Russell, Manitoba, R0J 1W0
Sandie Ross, e-Mail dsross@mymts.net Fax 204 773 3370

Name: _____ Date _____

Address: _____ Postal Code: _____

Email: _____ Telephone: _____ Fax: _____

Year Established: _____

Brief description of organization:

Number of Employees: Full time _____ Part time _____ Volunteer _____

Revenue Canada Charitable Registration Number _____

Grant Request

Grant Request Description _____

(Attach a detailed funding proposal, describing the project and how it will (in detail) meet the granting criteria set out in the Living Legacy Community Foundation - Guidelines for Grant Applicants)

Amount Requested: _____ Total Cost of Project: _____

Date Funds Required: _____

Duration of project: From _____ to _____

Projected starting date: _____

How will the project be evaluated (including a time- frame/schedule for evaluation and final report)

How will you acknowledge a grant within the community (including all media sources)

Source(s) of Funding

Please specify all other sources (Government, Foundations, Donations, etc) of funding for this grant application:

Confirmed ___ Pending ___ _____

Confirmed ___ Pending ___ _____

Confirmed ___ Pending ___ _____

Grant Application Checklist

Please check off items to ensure that you have included all required documentation to complete your application.

- ___ List of Current Board of Directors or Officers.
- ___ Annual Report
- ___ Detailed budget for proposed project (include professional quotes)
- ___ Total revenue and expense budget for the current year
- ___ Most recent financial statement(s)
- ___ Detailed application proposal
- ___ Grant Application Form
- ___ Photocopy of a void donation receipt or copy of organization agreement regarding the CCRA Registration Number

Please explain if any of the items are not available:

Authorization

Has your organization authorized this grant application? _____ Copy of Resolution _____

This application must be signed by two Officers of the Board of Directors or the Chairperson, President Or Treasurer of the organization (group) verifying the application is complete.

Signature _____ Title _____ Date _____

Signature _____ Title _____ Date _____

Primary contact for further information:

Name _____ Telephone _____ Email _____

The Living Legacy Community Foundation Inc. is restricted by the Income Tax Act to make grants only to organizations that are Registered Charities.

Non-profit organizations who do not have a charitable registration number can only apply through a registered charity with which they have a formalized partnership (through a written agreement), a history of collaboration and a similar mission and vision.

Please note: if there is no written agreement, the registered charity may not be able to clearly establish that a project is charitable and that it is carrying on activities in keeping with its mandate. This could jeopardize the charity's registered status under the Income Tax Act.

The Registered Charity must submit the application on behalf on the Non-profit organization. Applications submitted on behalf of a Non-profit organization require confirmation that a written agreement is in place. The project grant, if approved, will be made out to the registered charity for disbursement to the non-profit organization.

Confirmation of Written Agreement between a Registered Charity and a Non-Profit Organization

In compliance with the recommendations of the Income Tax Act, this is to confirm that:

Name of Registered Charity _____ Address _____

Has entered into a formal written agreement with:

Name of Non-Profit Organization _____ Address _____

Name or Scope of Project _____

As part of its own activities and in keeping with its mandate.

President/Chairperson: _____

Charitable Number _____ Date _____