



Grant Application

Agency Information

Name of Organization: _____

Charity Number: _____

BC Society Number: _____

Mailing Address: _____

Postal Code: _____

Primary Contact: _____

Position: _____

E-Mail: _____

Telephone: _____

How many employees does your organization have? Full time: _____ Part time: _____

How many volunteers? _____ Comments? _____

Has your organization received a Grant from the Squamish Community Foundation
in the last two years? Yes No

Website: _____

Grant Information

Project title: _____

Anticipated start and completion dates: _____

Please provide a brief 2 to 3 sentenced description of your project:

Amount of funding requested from the Squamish Community Foundation: \$ _____

How will the Squamish Foundation's support of your project be recognized?

Please provide the following information as attachments to your application:

1. Mission Statement and Mandate of your organization.
2. An elaboration of project description to include its purpose, goals, and the benefits it will provide to your organization and/or community. (Up to one page please).
3. A project budget. Also, identify other sources of funding if applicable and clearly indicate how money from the Squamish Community Foundation will be used.
4. A copy of your last annual report, if you have one, and the income statement and balance sheet for your last fiscal year.
5. A list of your current Board of Directors.

This application must be accompanied by the documentation requested above and must be signed by the organization's President and one other Board Member. This application must be received by May 31st, 2007.

Signature

Position

Signature

Position

Date

After completing this form, print and mail with attachments (2 copies) to the address below:

Squamish Community Foundation
PO Box 480
Garibaldi Highlands, BC, V0N 1T0
604.815.5076
grants@squamishfoundation.com