

**THE  
ALBERNI VALLEY  
COMMUNITY FOUNDATION**

The Station, 3100 Kingsway Avenue, Port Alberni, B.C. V9Y 3B1

## **Grant Application**

### **Stage 2**

Please complete the form and send one (1) copy with a list of your Board of Directors attached to each.

Please send one (1) copy of your financial statements and your most recent Annual Report. Your agency may be invited to make a presentation to the Alberni Valley Community Foundation. Alternatively, a site visit may be preferred.

Recommendations for grants are presented to the Board of Directors of The Alberni Valley Community Foundation for approval. You will be advised by letter of the Board's decision. The letter will outline the terms and conditions of any grant.

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#### **IN SUBMITTING YOUR APPLICATION, ENSURE YOU HAVE:**

1. attached financial statements for last complete year {
2. attached operating budget for current year {
3. filled in all requested information regarding your organization {
4. been clear about the amount requested {
5. been specific on what the grant will be used for {
6. been clear on how this expenditure will be used to meet new or emerging needs or supplementing current needs {

Is this project budget included in the operating budget for the current year? Yes { No {

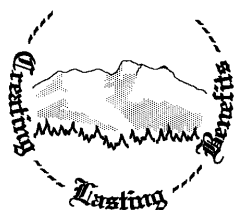
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#### **DEADLINE: NO LATER THAN MAY 1<sup>ST</sup> OF EACH YEAR**

**Applications must be received by the above date.  
No late submissions will be considered.**

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**Note:** Any proposed alterations to an approved project must be presented in writing to The Alberni Valley Community Foundation for approval.



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## Grant Application

**\*\*\* PLEASE FILL OUT THE FOLLOWING QUESTIONS AS ACCURATELY AND AS THOROUGHLY AS POSSIBLE IN THE SPACE PROVIDED**

**\*\*\* Send one (1) copy attaching a list of your organization's Board of Directors, Financial Statements, and most recent Annual Report.**

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Agency Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Charitable Registration No. \_\_\_\_\_

Executive Director/manager: \_\_\_\_\_

Contact person for this request: \_\_\_\_\_

No. of employees: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ No. of Volunteers \_\_\_\_\_

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1) State mission/goals of your organization:

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2) Name of project: \_\_\_\_\_

3) Is this a new { or an existing { project?

4) Duration of project : From \_\_\_\_\_ to \_\_\_\_\_

5) When are the funds required for the project? \_\_\_\_\_





## PROJECT BUDGET

Project Expenditures	
Items	Cost
Salaries/benefits	\$
Professional fees/honoraria	\$
Capital (specify)	
	\$
	\$
	\$
Other (specify)	
	\$
	\$
<b>Total Project Expenditures</b>	<b>\$</b>
<b>Amount requested from The Alberni Valley Community Foundation</b>	<b>\$</b>

## PROJECT FUNDING

Sources of Revenue	Assured	Potential	Contact/Telephone
The Alberni Valley Community Foundation	\$	\$	
Other Funders			
	\$	\$	
	\$	\$	
	\$	\$	
Government (specify)			
	\$	\$	
	\$	\$	
	\$	\$	
Other (specify)			
	\$	\$	
	\$	\$	
	\$	\$	
<b>Total Project</b>	<b>\$</b>	<b>\$</b>	

Print Name _____	Signature _____
Administrator/Staff Rep (if applicable)	
Print Name _____	Signature _____
Chairperson/Board Representative	
Date: _____	