**Community Grants**

# APPLICATION FOR FUNDING

Full Year projects and Spring/Summer/Fall projects

# *Deadline for Applications is Monday February 25, 2019*

**One Project per Application**

1. **Group Information**

**Group Name:** Click here to enter text.

**If not incorporated, name of organization you are partnering with**: Click here to enter text.

**Address:** Click here to enter text. **Postal Code**: Click here to enter text.

**Phone #** Click here to enter text. **E-mail:** Click here to enter text.

Are you ***registered*** as a Not for Profit organization? Yes  No

1. **Project Contact**

**Name:** Click here to enter text.

**Title:** Click here to enter text.

**Phone:** Click here to enter text. **E-Mail**: Click here to enter text.

1. **Project Information**

**Project Title**: Click here to enter text.

**Location of Project**: Click here to enter text.

**Wheelchair Accessible**? Yes  No

**Start Date**: Click here to enter a date. **End Date**: Click here to enter a date.

**Length of Project**:Click here to enter text. **Number of Participants**:Click here to enter text.

**Which pillar does your project fall under**? (Check all that apply)

Learning and Literacy Community Capacity Building

Positive parenting Nutrition and Physical Health

1. **Project Funding**

**Total cost of project**: Click here to enter text.

**Requested amount of Funding from familiesforward**: Click here to enter text.

**Has your group received funding from familiesforward in the past**? Yes  No

**If yes, when?** Click here to enter text.

1. **Project Details**

**Please answer the following questions**:

1. **Briefly describe your organisation. (3-5 sentences)**

Click here to enter text.

1. **Provide a brief description of your proposed or on-going project.**

Click here to enter text.

1. **Briefly explain the need for the project and how you identified this need.**

Click here to enter text.

1. **Has consideration been given to making this program accessible to persons with unique** **needs? Please explain.**

Click here to enter text.

1. **Briefly describe your community partnerships that will be included in the project.**

Click here to enter text.

1. **What are the anticipated outcomes or community impacts of the project?**

Click here to enter text.

1. **How will you promote this project?**

Click here to enter text.

1. **Have you applied to other funders for this project? Please explain.**

Click here to enter text.

1. **Describe any attempts to form partnerships within the community for sustainable funding for your project and possible future partners to financially support the project once funding from familiesforward is exhausted.**

Click here to enter text.

1. **Project Budget**

Please attach a list of all planned expenses. Only approved expenditures listed will be eligible for reimbursement

***Example:***

|  |  |  |
| --- | --- | --- |
| ***Expense (item or human resource)***  ***Example*** | ***Cost*** | ***Funding source?*** |
| *Books (50 books at $4 each)* | *$200* | *familiesforward* |
| *Photocopies* | *$40* | *In-kind* |
| *Facilitator ($15/hr x 3 hrs x 10 wks)* | *$450* | *familiesforward* |
| ***Total Project Cost*** | *$690* |  |

1. **Certification**

**We certify that the information provided in this application is accurate to the best of our knowledge:**

**Name:** Click here to enter text. **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title:** Click here to enter text. **Date**:Click here to enter a date.

Forward applications to [familiesforward@swfic.org](mailto:familiesforward@swfic.org)

Or mail a copy to: familiesforward, 465 Stafford St., Winnipeg MB R3M 2E2

Please call Coordinator at 204-791-0956 for more information or to discuss your application.