



Grandview & District Community Foundation
Box 238, Grandview, MB R0L 0Y0

GRANT APPLICATION

The Grandview & District Community Foundation (CF) pools charitable gifts in a capital fund to create a lasting legacy for the future of Grandview and the surrounding area. The money goes to health and medical services, community services, education youth and senior programs, heritage and the environment, recreation and sports, and arts and culture.

AGENCY INFORMATION

Name of Organization: _____

Address: _____

Phone: _____ Fax: _____

Contact person for this request: _____

Email address: _____

GRANT REQUEST

Name of Project:

New or Existing Project

Total Project Expenses:

Amount Requested from
Grandview & District Community Foundation _____

When would the funds be required: _____

If your initiative receives project funding, please be advised that the Grandview and District Community Foundation:

May request to use your organization to promote the Community Foundation;

Will request a written follow-up report;

May request a presentation from your organization at a community event or CF meeting;
and

May request a picture of your project or organization's for promotion purpose

PROJECT DESCRIPTION

State the description, goals, and objectives of the project.

Deleted: ¶

Who will benefit from this project?

Have you approached other sources of support? Yes No

Please list those approached, indicating the level of support obtained.

If this is an ongoing program, how will it be sustained after the initial funding period?