

2017 – 2018 Grant Application Form

Please submit the application by **October 13th, 2017** at **5:00 PM**.

Section 1 – Grant Program

Please submit one application per project per fund. The same project cannot be used for multiple funds.

| | | | |
|--------------------------|---|--------------------------|---|
| <input type="checkbox"/> | Thunder Bay Community Foundation General Fund | <input type="checkbox"/> | Dr. S. Penny Petrone Fund |
| <input type="checkbox"/> | Ontario Endowment for Children & Youth in Recreation Grants | <input type="checkbox"/> | Donny Ritza Fund |
| <input type="checkbox"/> | Margaret & Arnold Westlake Foundation for the Arts Fund | <input type="checkbox"/> | Dr. R. K. Dewar Medical Research Fund |
| <input type="checkbox"/> | Hannah & Victor Stevenson Fund for Education & Arts Development | <input type="checkbox"/> | Keri Chase Memorial Animal Welfare Fund |
| <input type="checkbox"/> | JP Hudolin Family Fund | | |

Section 2 – Organization Information

Name: _____
Charitable Registration Number: _____ RR _____
Address: _____
City/Town: _____ **Province:** _____ **Postal Code:** _____
Website: _____

Section 3 – Contact Information

Contact Person: _____
Position: _____
Phone: _____
E-mail: _____

Section 4 – Organization Profile

Primary mandate (mission statement)

Fiscal year (month to month):

Geographic Area (Check all that Apply)

| | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> City of Thunder Bay | <input type="checkbox"/> District of Thunder Bay | <input type="checkbox"/> Global |
| <input type="checkbox"/> Provincial | <input type="checkbox"/> National | <input type="checkbox"/> Other _____ |

Client Profile (Check all that Apply)

| | | |
|---|--|--|
| <input type="checkbox"/> General Community | <input type="checkbox"/> Youth (Over 13) | <input type="checkbox"/> Elderly |
| <input type="checkbox"/> Indigenous | <input type="checkbox"/> Children (Under 13) | <input type="checkbox"/> Persons with Disabilities |
| <input type="checkbox"/> Visible Minorities | <input type="checkbox"/> Adults | <input type="checkbox"/> Animal/Animal Welfare |
| <input type="checkbox"/> Low Income Individuals | <input type="checkbox"/> Low Income Families | <input type="checkbox"/> Environment |
| <input type="checkbox"/> Other _____ | | |

What is the estimated number of clients served annually?

Section 5 – Additional Items (ONE COPY TO BE INCLUDED WITH THE ORIGINAL APPLICATION ONLY)

- | | |
|--|--|
| <input type="checkbox"/> Most recent Financial Statement | <input type="checkbox"/> Our organization does not have an annual report |
| <input type="checkbox"/> A list of your Board of Directors | <input type="checkbox"/> Our organization does not have financial statements |
| <input type="checkbox"/> Annual Report | |

Section 6 – Consent

 Signing Officer Name (Printed) Signature

 Signing Officer Title Date

Section 7 – Project Details

Name of the Project:

In one sentence, describe your project below.

How much funding are you requesting?

Provide a summary of your initiative. In the space below, describe your project and what the community impact will be (limit of 250 to 300 words).

Who will benefit from the project directly? (Check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> General Community | <input type="checkbox"/> Youth (Over 13) | <input type="checkbox"/> Elderly |
| <input type="checkbox"/> Indigenous | <input type="checkbox"/> Children (Under 13) | <input type="checkbox"/> Persons with Disabilities |
| <input type="checkbox"/> Visible Minorities | <input type="checkbox"/> Adults | <input type="checkbox"/> Animal/Animal Welfare |
| <input type="checkbox"/> Low Income Individuals | <input type="checkbox"/> Low Income Families | <input type="checkbox"/> Environment |
| <input type="checkbox"/> Other _____ | | |

How many clients will this project support?

Where will the project take place? (Check all that apply)

- | | | |
|--|--------------------------------|--------------------------------|
| <input type="checkbox"/> City of Thunder Bay | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> District of Thunder Bay | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

Is this a collaborative effort? If yes, please list your partners below and indicate their contribution in the budget.

Does the project support the arts?

Yes

No

Does the project support recreation?

Yes

No

Section 8 – Project Timeline

Anticipated Start Date:

Anticipated End Date:

Section 9 – Foundation Recognition

How will you recognize the Thunder Bay Community Foundation? (ie. social media, newspaper articles, logo in marketing material/annual report/etc., and more)

Section 10 – Financial Details (Project only, not the whole organization)

Budget - Cash

| Item No. | Income/Other Funds dedicated to project | Details | Secured | Applied For | Amount |
|---------------------|---|---------|--------------------------|--------------------------|--------|
| 1 | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2 | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3 | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4 | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5 | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Total Income | | | | | |

| Item No. | Expense Item | Details | Amount |
|-----------------------|--------------|---------|--------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| 9 | | | |
| 10 | | | |
| Total Expenses | | | |

| | |
|---|--|
| Amount Requested from TBCF (Total Income minus Total Expenses) | |
|---|--|

Budget – In-Kind

| Item No. | Source | Details | Estimated Value |
|----------|--------|---------|-----------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

Will this project require funding from other sources?

Yes

No

If this additional funding is not secured will you be able to proceed? (Only required if above is ‘Yes’)

Yes

No

Section 11 – Submission Requirements

Scanned and emailed copies of the original application are greatly appreciated to mjgreen@tbcf.org, but not required.

- | | |
|--|--|
| <input type="checkbox"/> ONE (1) Original Copy | <input type="checkbox"/> THREE (3) Copies |
| <input type="checkbox"/> Application Form (with original signature in non-black ink) | <input type="checkbox"/> Application Form |
| <input type="checkbox"/> Financial Statements (with original only) | <input type="checkbox"/> Each marked ‘COPY’ |
| <input type="checkbox"/> Annual Report (with original only) | <input type="checkbox"/> Each 3-hole punched |
| <input type="checkbox"/> List of Board Members and Roles (with original only) | <input type="checkbox"/> Each stapled at the top left corner |
| <input type="checkbox"/> Marked ‘ORIGINAL’ and bound with paper clip | |

Mail or submit applications to:

312-101 N. Syndicate Avenue, Thunder Bay, ON P7C 3V4

Questions?

(807) 475-7279 or mjgreen@tbcf.org