Delta Foundation

P.O. Box 18527, Delta, BC, V4K 4V7 [www.deltacommunityfoundation.org](http://www.deltacommunityfoundation.org/)

# PLEASE REFER TO DELTA FOUNDATION GRANTMAKING POLICY AND GUIDELINES INFORMATION FOR APPLICANTS BEFORE SUBMITTING A GRANT APPLICATION

DELTA FOUNDATION GRANT APPLICATION

Please fill out the following questions as accurately and as thoroughly as possible in the space provided.

Send a copy of your application attaching a list of your organization’s Board of Directors, 2 copies of your organization’s Financial Statements and 1 copy of your most recent Annual Report.

Agency Name:

Address:

Telephone: Fax: Email:

Charitable Registration Number: Executive Director/Manager

Contact person for this request (if contact information is different from above, please include contact information here.)

Name:

Telephone: Fax: E-mail

1. State mission/values/goals of your organization:
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? \_
6. How much are you requesting from the Delta Foundation?

$

1. Describe the scope of this project:
2. Who will benefit from this project?
3. Describe your plan of action including the methods you will use to evaluate this project/activity.
4. Describe the capability of your agency to conduct the project and note special staff qualifications.
5. Do you intend to cooperate with other agencies or non-profit organizations on this specific project? If not, please elaborate.
6. How will this project be funded in the future?
7. What special items would be covered by a grant from the Delta Foundation?
8. How do you propose to recognize a grant from the Delta Foundation?
9. List grant requests submitted to the Delta Foundation and/or received from the Delta Foundation during the past five years (include dates, amounts and purposes):

# PROJECT BUDGET

|  |  |  |
| --- | --- | --- |
| Project Budget | | |
|  | | |
| Items |  | Cost |
| Salaries/benefits | $ |  |
| Professional fees/honoraria | $ |  |
| Capital (specify) | $ |  |
| $ | | |
| $ | | |
| Other (specify) | | |
| $ | | |
| $ | | |
| $ | | |
| Total Project Expenditures | $ |  |
| Amount requested from the Delta Foundation | $ |  |

|  |
| --- |
| **PROJECT FUNDING** |

|  |  |  |  |
| --- | --- | --- | --- |
| Sources of Revenue | Assured | Potential | Contact Telephone/e-mail |
|  | | | |
| Delta Foundation: | | | |
| Other Funds received from:  Government: (specify)  Other:(specify) | | | |

Total Project

Print Name Senior Staff Person:

Signature:

Print Name Chairperson/Board Chair: Signature:

Date:

DELTA FOUNDATION USE ONLY:

Date received: Grant application reference number: