

GRANT APPLICATION FORM



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SECTION 1

Name of Organization _____

Contact Person _____

Position _____

Mailing Address _____

_____ Postal Code _____

Telephone _____ Fax _____

Website _____

E-Mail _____

We hereby certify that the information provided in this application is accurate and complete. We also understand that, by submitting this proposal, we are authorizing the North Bay and Area Community Foundation to release the information contained herein as necessary.

Signature _____ Title _____

SECTION 2

Project Title _____

Project Duration, From: _____ To: _____

Total Organization Budget	Total Cost of Project	Amount Requested
\$	\$	\$

Please Attach Project Budget

1. Please select which sector(s) this grant will serve:

- Arts & Culture Community Development Education Environment Health
 Social Services Seniors Youth Recreation Animal Care Other _____

2. Please select which area(s) this grant will serve:

- North Bay Callander Powassan South River Restoule Mattawa Redbridge
 Bonfield Nipissing West Nipissing East Ferris Other _____

3. Briefly state your organization's mission. (Scored out of 10)

4. Describe this project and why it is important to your organization and the community: (30)

5. How many, and who, will benefit from this project directly? Indirectly? (10)

6. Is this project ongoing? Yes No. **If yes, how will it be sustained in the future?** (10)

7. What costs do you anticipate as your project is delivered? How are the funds applied? (20)

8. What outcomes are you expecting and how will you know if they have been achieved? (10)

9. Are there other partners who have committed financially? If so, please identify? (10)