**CONSEIL RÉGIONAL NAKONHA:KA REGIONAL COUNCIL GRANT APPLICATION FORM**

**Part One: Community of Faith/Organization General Information**

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| Indicate the fund(s) you wish to apply to:   * Bhal-Jun * Erskine & American – Mountainside * Good Samaritan * Kelley * Regional Strategic Fund * Rosemary Lambie * Trois-Rivières   (The grant committee may redirect your request) |  |
| Name of Community of Faith/Organization |  |
| Contact person(s) |  |
| Mailing address |  |
| Phone number |  |
| Email address and website |  |
| Charitable registration number (required) |  |
| Name of project |  |
| Amount of grant requested |  |

**Part Two: Project Overview**

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| Brief description of the project, including duration and faith rationale (maximum 250 words) |

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| SMART Project Goals (**S**pecific, **M**easurable**, A**ttainable**, R**elevant**, T**imely) (maximum 250 words) |
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| Plan/Methodology for Achieving Goals and Timeline (maximum 250 words) |
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**Part 3: Project Budget**

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| PROJECT INCOME: | Amount | Confirmed (Yes/No) |
| Organization’s own Funds |  |  |
| Other Grants and Sources |  |  |
| Fundraising |  |  |
| Funding from Project Partners |  |  |
| Other |  |  |
| Amount of grant requested |  |  |
| TOTAL INCOME |  |  |

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| --- | --- | --- |
| PROJECT EXPENSES: | Amount | Notes |
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|  |  |  |
| TOTAL EXPENSES |  |  |

N.B. Please attach the most recent available audited or reviewed financial statements for your Community of Faith/Organization. Please provide a cover letter indicating support for your project by your Community of Faith/Organization. Also please indicate your United Church affiliation, i.e., to what degree United Church members and adherents are directly involved in the carrying out of this project.

**Part 4: Project Evaluation**

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| Anticipated Measurable Outcomes: What you hope to achieve from the project and how you will measure whether or not it has been achieved (maximum 250 words). |
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| Print name of applicant |  |
| Signature of authorized signing officer for Community of Faith/Organization |  |
| Date |  |