**Ladysmith Community Fund Society**

*Enriching the quality of life in the community of Ladysmith*

**2023 GRANT APPLICATION**

Please review the Grant Policy and Guidelines from our website before submitting a grant application. For consideration applications must be received through email by June 5, 2023, midnight. Please use this word document for your application, print and sign, and save it as a PDF for returning your grant request.

Please submit your singed grant application by email to: [grants@ladysmithcommunityfund.ca](mailto:grants@ladysmithcommunityfund.ca)

Please complete the following:

**PART ONE**

Name of Organization:

Address:

Telephone:

Website:

Email:

Charitable Registration Number:

Contact Person for this request and their title:

Name of Project or Programme you are requesting funds for:

Amount Requested:

**PART TWO**

Mission Statement/Goals of your organization:

Describe your organization’s primary activities:

How long has your organization served the Ladysmith area:

Number of active members:

Number of volunteers:

Number of full-time staff:

Number of part time staff:

Describe the project or programme you are requesting funding for and its expected outcome:

Is this a new or existing project or programme?

Please explain how Ladysmith area residents will benefit from the project.

Is this project is part of a larger undertaking, if yes, please describe.

How will this project be promoted?

How will LCFS be recognized for its contribution to the project?

**PART THREE: BUDGET**

**Here is an example of a completed Project of Programme Revenues form:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Source, donations, sponsors, other grants** | **Cash** | **In-kind** | **Cash Pending** | **Cash Confirmed** | **Total** |
| Request from Ladysmith Community Fund | $600.00 |  | Pending |  | $ 600.00 |
| Commitment from Organization | $1,500.00 | 700.00 |  |  | $2,200.00 |
| Other sources of cash and in-kind: |  |  |  |  |  |
| ABC Company | $500.00 |  |  |  |  |
| TOTAL REVENUE |  |  |  |  | $2,800.00 |

**YOUR PROJECT OR PROGRAMME REVENUES**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Source, donations, sponsors, other grants** | **Cash** | **In-kind** | **Cash Pending** | **Cash Confirmed** | **Total** |
| Request from Ladysmith Community Fund |  |  | Pending |  |  |
| Commitment from Organization |  |  |  |  |  |
| Other sources of cash and in-kind: |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **TOTAL REVENUE** |  |  |  |  |  |

**EXPENSES:**

Please list all anticipated expenses for your project or program

|  |  |  |  |
| --- | --- | --- | --- |
| Items | Cash | In-kind | Total |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

**PART FOUR: BOARD OF DIRECTORS**

Please list the names and positions of your board members

**Name Position**

|  |  |
| --- | --- |
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**PART FIVE:**

The Ladysmith Community Fund Society will request successful grant recipients submit a brief Grant Evaluation Report within 30 days after the completion of their programme or project or six months after the date on which the grant was made (whichever comes first). If your programme or project extends beyond six months from the date on which the grant was made, grant recipients are asked to submit a Grant Evaluation Report on progress to date at the six-month mark.

Please print this application, sign and return as a PDF to: [grants@ladysmithcommunityfund.ca](mailto:grants@ladysmithcommunityfund.ca)

On behalf of the organization, I hereby acknowledge the information and statements in this application to be true, correct, and complete.

On behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Organization

If our organization receives a grant, we agree to the use of the organization’s name and photos of our project or program in the Ladysmith Community Fund Society literature, both printed and electronic.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name and Title