



2010 Grant Application Form

Organization name _____

Project Title _____

Project description _____

Amount requested from the Quesnel Community Foundation: \$ _____

Total project budget: \$ _____

SECTION A
General information about your organization

1. Operating Name _____

2. Address _____

City _____ **BC** **Postal Code** _____

3. Telephone Number _____ **Fax Number** _____

Website address _____

E-mail address _____

4. B.C. Society Number __ - _ _ _ _ _

5. Registered Charity Number * _ _ _ _ _ RR _ _ _ _ _

** If your group is not a registered Charity, please provide details of your Sponsor Organization:*

Name: _____

Address: _____

Contact name: _____ Tel: _____

www.quesnefoundation.ca

P.O.Box 4158, Quesnel, British Columbia, V2J 3J2
Charitable Registration #88916 1717 RR0001

6. Board of Directors

a) Chairperson/President

Name _____ Title _____

Tel: _____ Fax: _____ email _____

b) President/Executive Director/Senior Staff Person:

Name _____ Title _____

Tel: _____ Fax: _____ email _____

Name _____ Title _____

Tel: _____ Fax: _____ email _____

Name _____ Title _____

Tel: _____ Fax: _____ email _____

7. Mandate and activities of organization *Who are your members?*

8. Financial Year from month/day: _____ to month/day: _____

SECTION B

General information about your new initiative

9. Project duration: from month/year _____ to month/year _____

10. Explanation of need:

Why is your project necessary? Describe what problems and/or challenges will be addressed

REVENUE/FUNDRAISING

Sources of revenue	Assured	Potential	Total	Contact/Telephone
Quesnel Community Foundation	\$	\$	\$	
Organization's contribution:	\$	\$	\$	
Cash	\$	\$	\$	
In kind gifts	\$	\$	\$	
Volunteer	\$	\$	\$	
Other (specify)	\$	\$	\$	
	\$	\$	\$	
\$	\$	\$	\$	
	\$	\$	\$	
Government	\$	\$	\$	
Gaming	\$	\$	\$	
Donations	\$	\$	\$	
Foundations	\$	\$	\$	
Total revenue	\$	\$	\$	

SECTION C

1) Please attach the following:

- a) Annual Report (if any)
- b) Financial statement for last complete year
- c) Operating budget for current year
- d) Most recent comparative financial report
- e) Board of Directors list

2) Is this project budget incorporated in the operating budget for the current year? Yes/No

Signatures

Senior Staff Member (if applicable): _____ Date: _____

Chairperson/President: _____ Date: _____

Treasurer/Secretary: _____ Date: _____

www.quesnelfoundation.ca
 P.O.Box 4158, Quesnel, British Columbia, V2J 3J2
 Charitable Registration #88916 1717 RR0001