



## GRANT APPLICATION

If space is insufficient, please add supplementary data.

**A: ORGANIZATION INFORMATION**

<b>Name:</b>	<b>Telephone:</b>
<b>Address:</b>	
<b>Date established:</b>	<b>No. Of Employees:</b>
<b>Charitable Tax# or Revenue Canada Business #:</b>	

General description of your organization, including population directly served and principal geographic area of service.

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Attachments required:

- \_\_\_\_\_ A list of the organization’s executive and directors;
- \_\_\_\_\_ A copy of the organization’s budget for the current year;
- \_\_\_\_\_ A copy of the organization’s latest financial statement for the one year;
- \_\_\_\_\_ A copy of the current project plan (if available) for which this grant is being sought.

**B: GRANT REQUEST**

Amount requested \_\_\_\_\_ Total Project Cost \_\_\_\_\_

Project start date \_\_\_\_\_ Estimated completion date \_\_\_\_\_

**C. PROJECT INFORMATION**

Have you approached other sources for support? Yes \_\_\_\_\_ No \_\_\_\_\_

NAME	AMOUNT	CONFIRMED	UNKNOWN

Describe the project’s purpose and how it relates to the overall mission of the organization.

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Cite evidence of the need for the project and tell us how the project will benefit the local community. Describe any consultations with government or other agencies that relate to this project.

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How will you measure the success of the project?

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Describe the capability of your organization to conduct the project and note special staff qualifications.

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If the project is successful, what financial resources will be available for its continuation?

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How will the Morris Area Foundation Inc. be recognized for their contributions to this project?

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Has this request been authorized by your organization's board? Yes \_\_\_\_\_ No \_\_\_\_\_ When? \_\_\_\_\_

This application must be signed by the President or another officer of the organization's governing board.

Name	Title	Telephone No.

Please submit Grant Application and all supplementary documents to:

Morris Area Foundation Inc.  
Box 282  
Morris, MB R0G 1K0



PO Box 282  
Morris, MB R0G 1K0  
Ph: 204-746-8938

The Morris Area Foundation Inc. is restricted by the Income Tax Act to make grants only to non-profit organizations with Revenue Canada Charitable Registration Numbers (RC) or other qualified Donees under the Income Tax Act. Non-profit organizations (NPO) who do not have a charitable registration number can only apply through an RC with which they have a formalized partnership (through a written agreement), a history of collaboration and a similar mission and vision. (For more detailed information contact the Canada Revenue Agency: [www.cra-arc.gc.ca/tax/charities](http://www.cra-arc.gc.ca/tax/charities) or call 1-800-267-2384)

**Please note:** If there is no written agreement the RC may not be able to clearly establish that a project is charitable and that it is carrying on activities in keeping with its mandate. This could jeopardize the charity's registered status under the Income Tax Act. The RC must submit the application on behalf of the NPO. Application submitted on behalf of an NPO require confirmation that a written agreement is in place. The project grant, if approved, will be made out to the RC for disbursement to the NPO.

Please submit confirmation of written Agreement by completing the form below.

### **Confirmation of a Written Agreement Between a Registered Charity (or other Qualified Donee under the Income Tax Act) and a Non-Profit Organization**

In compliance with the recommendation of the Income Tax Act, this is to confirm that:

Name of Registered Charity and No.: \_\_\_\_\_  
Or Qualified Donee  
Address: \_\_\_\_\_

Name of Non-Profit Organization: \_\_\_\_\_  
Address: \_\_\_\_\_

Project Description: \_\_\_\_\_

The above project is in keeping with the mandate of this NPO.

#### **Non Profit Organization**

#### **Registered Charity or Qualified Donee**

\_\_\_\_\_  
Print name of President/Chairperson

\_\_\_\_\_  
Print name of President/Chairperson

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

Date: \_\_\_\_\_