

*ATTN – All applications will be made online, at* [*https://cfc150.fluidreview.com*](https://cfc150.fluidreview.com)*. Paper submissions will not be accepted.* *.*

Application Template

Please provide some information about you and your organization. Fields marked with an asterisk \* are required.

Selection Your Community Foundation

Insert the name of your local community foundation

*If you have used* [*the map*](file:///C%3A%5CUsers%5Claure_000%5CDownloads%5Ccommunityfoundations.ca%5Cfind-a-community-foundation%5C) *and has confirmed that there is no community foundation serving that area, please type ‘Confirmed - No Community Foundation’*

|  |  |
| --- | --- |
| Community Foundation Name |  |

Organization Address

|  |  |
| --- | --- |
| Organization Name\* |  |
| Street Address\* |  |
| City\* |  |
| Province/Territory\* |  |
| Postal Code\* |  |
| Organization Website\* |  |

Is your organization active on social Media?

|  |  |
| --- | --- |
| Yes or No |  |

If yes, how can we connect with you? Please share the URL for the profile homepage.

|  |  |
| --- | --- |
| Twitter |  |
| Facebook |  |
| Instagram |  |
| Youtube |  |
| Other |  |
| Organization Website |  |

Other Collaborations

Are you applying in collaboration with other community organizations?\*

*Will your project be co-delivered with other organizations, community groups, businesses, local governments, and/or others?*

|  |  |
| --- | --- |
| Radio button: Yes or No |  |
| If yes, please name the collaborating organizations and explain their roles with the project |  |

About Your Organization

What is the mission and purpose of your organization? What are the main activities? (max 150 words)\*

|  |  |
| --- | --- |
| Please provide answer |  |

Project Information

Tell us about how your project will:

* BUILD a vibrant and healthy community, with inclusive engagement of many community member...
* INSPIRE a deeper understanding about your community and our country.
* ENCOURAGE community participation to mark Canada's 150th anniversary of Confederation.

Project Name\*

|  |  |
| --- | --- |
| Please provide answer |  |

Project Start Date\*
*If your project has already started, note that this grant can only cover expenditures made after the date that this grant is awarded*

|  |  |
| --- | --- |
| Add date |  |

Project End Date

*End date must be before January 31, 2018*

|  |  |
| --- | --- |
| Add date |  |

Are the project dates fixed or flexible?

*Fixed: The project is only possible on these dates.*

*Flexible: The project will still be possible if approved for funding after the dates indicated above.*

|  |  |
| --- | --- |
| Fixes ou Flexibles |  |

Where will your project take place?

|  |  |
| --- | --- |
| Street Address/Landmark\* |  |
| City\* |  |
| Project Website\* |  |

Please describe your project and its impact (max 200 words)\*
*What is your project? What are its goals? Who will be involved? How will it make a difference in your community?*

|  |  |
| --- | --- |
| Paragraph Textbox |  |

How your organization (or collaborating partners) had success with similar projects in the past?\*

*Do you have the experience to make this project a success?*

|  |  |
| --- | --- |
| Paragraph Textbox |  |

This project will ENGAGE: (check all the apply)\*

|  |  |
| --- | --- |
| Multicheck Box | * Youth
* Indigenous peoples
* Groups that reflect Canada’s cultural diversity
* Francophones outside of Quebec
* Anglophones inside of Quebec
* None of the above
* Unsure
 |

This project will be LED by: (check all the apply)\*

|  |  |
| --- | --- |
| Multicheck Box | * Youth
* Indigenous peoples
* Groups that reflect Canada’s cultural diversity
* Francophones outside of Quebec
* Anglophones inside of Quebec
* None of the above
* Unsure
 |

Participation

|  |  |
| --- | --- |
| How many community members do you expect to participate in your project\* |  |
| If your project will involve volunteers, how many do you expect to include? |  |

Please specify at least one focus for your project\*

|  |  |
| --- | --- |
| *Primary*Multicheck Box | * Arts and culture
* Celebratory or commemorative
* Community building
* Education or learning
* Environment
* Health and wellness
* Social services
* Sport or recreation
* Other
 |
| *Secondary*Multicheck Box | * Arts and culture
* Celebratory or commemorative
* Community building
* Education or learning
* Environment
* Health and wellness
* Social services
* Sport or recreation
* Other
 |
| *Tertiary*Multicheck Box | * Arts and culture
* Celebratory or commemorative
* Community building
* Education or learning
* Environment
* Health and wellness
* Social services
* Sport or recreation
* Other
 |

Grant Amount Requested from the local Community Fund for Canada’s 150th\*

|  |  |
| --- | --- |
| Requested grant amount |  |

Will your project continue if you are awarded a grant smaller than the number indicated above?\*

|  |  |
| --- | --- |
| Select Yes or No |  |

Authorizations

I agree that the information provided in this application can be shared between Community Foundations of Canada, local philanthropic organizations, and the Department of Canadian Heritage, exclusively for the purposes related to the Fund, grant requested, and the success of the proposed project?\*

|  |  |
| --- | --- |
| Select Yes or No |  |

I am interested in receiving updates and news from Community Foundations of Canada

|  |  |
| --- | --- |
| Select Yes or No |  |