**PDCF Community Grants**

**2023-2024 Application Form**

**ORGANIZATIONAL INFORMATION**

|  |  |
| --- | --- |
| **Name of Organization:**  | NAME |
| **Registered Charitable Number:** *(if available)* | Leave blank if not a registered charity. |
| **Non-profit Incorporation Number:** *(if available)* | Leave blank if not an incorporated non-profit. |
| **Address:**  | ADDRESS OF ORGANIZATION |
| **Telephone:** | PHONE (so we can contact you) |
| **Email:** | EMAIL (so we can contact you) |
| **Website:** | Leave blank if you do not have a website |
| **Year Established:**  | YEAR |
| **Contact Person:**  | NAME |
| **Title:**  | TITLE. |
| **Contact email:** | EMAIL (may be the same as above) |
| **Number of Employees:** Full-TimePart-Time | Please enter the number of both full-time and part-time employees.. |
| **\*\* If your organization is neither incorporated nor a registered charity, please attach one letter of reference from a community service organization or a registered charity that knows your group and can speak to your activities and accomplishments to date. \*\*** |

|  |
| --- |
| **What is the purpose of your organization?** *(maximum 200 words)* |
| Click or tap here to enter text. |

|  |
| --- |
| **How are the operations of your organization funded?** |
| Click or tap here to enter text. |

**PROJECT INFORMATION**

|  |  |
| --- | --- |
| **Amount Requested:** | DOLLAR FIGURE |
| **Project Start Date:** | START DATE |
| **Project Completion Date:** | END DATE |
| **Project Description:**  |
| 1. **Please briefly describe the project.** *(e.g. we want to buy warm swimsuits for dogs.)*
 |
| Click or tap here to enter text. |
| 1. **What are the project goals? What do you hope to achieve?** (the goals should be specific and measurable)*(e.g. by the end of May next year we find and outfit thirty short-haired dogs with swimsuits that will allow them to swim year-round)*
 |
| Click or tap here to enter text. |
| 1. **How will the project benefit the residents in the communities served by PDCF?** (i.e. Perth/Lanark Highlands/Tay Valley Township/Drummond-North Elmsley)*(e.g. people will be able to exercise year-round by swimming with their dogs in Lanark Highlands)*
 |
| Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Have you approached other sources of support for this project?** (Y/N) | YES / NO. |
| **If yes, for each source state the name of the source, the kind and amount of the support** (e.g. money or in-kind) **and whether or not the source has already committed to provide the support.** |
| **Name of Source** | **Financial Support***($$ amount)* | **In-Kind Support***(i.e. goods or services)* | **Confirmed** *(Y/N)* |
| Click or tap here to enter text. | $ | Please list all items | Y/N |
| Click or tap here to enter text. | $ | Please list all items | Y/N |
| Click or tap here to enter text. | $ | Please list all items | Y/N |

|  |
| --- |
| **Please also provide any other information you think might be relevant to this grant application.**  |
| Click or tap here to enter text. |

|  |
| --- |
| **How will your organization acknowledge the support of The Perth and District Community Foundation?** **Please check all those that apply.** |
| [ ]  Website[ ]  Printed material[ ]  Radio[ ]  Events[ ]  Other: Click or tap here to enter text. |

|  |
| --- |
| **On behalf of the organization, I acknowledge and agree that:**1. Funds received from PDCF will be spent on the project by the reporting deadline.
2. Funds not used for this project will be returned to PDCF.
3. Failure to file a final report will lead to disqualification from future grants.
4. If PDCF gives a grant to the organization for this project, PDCF may publish the identity of the organization, a description of the project and the amount granted in any media and from time to time.
5. I have the authority to bind the organization.
 |
| **Name and Signature:** | Click or tap here to enter text. |
| **Title:** | Click or tap here to enter text. |
| **Date:** | Click or tap here to enter text. |

**ATTACHMENTS TO BE INCLUDED:**

|  |
| --- |
| 1. **Detailed project budget** (10% administrative fee is allowed)
2. **One letters of reference** (for organizations that are NOT incorporated or registered as a charity)
 |