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|  | **33 Lewis St, Perth, ON K7H 2R4**  **(613) 326-0295**  **www.pdcf.ca | info@pdcf.ca** |

**2024-25 Community Grant Application**

*(Please scroll through form and enter information where indicated.)*

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**Section I: ORGANIZATIONAL INFORMATION**

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| --- | --- |
| Name of Organization |  |
| Registered Charitable Number |  |
| Address |  |
| Telephone |  |
| Email |  |
| Website |  |
| Year Established |  |
| Contact Person |  |
| Title |  |
| Contact email |  |
| Number of Employees  Full-Time  Part-Time |  |

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| **1. What is the purpose of your organization?** |
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| **2. How are the operations of your organization funded?** (i.e. private/government) |
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| **3. Is your organization applying for a one year  OR a two-year grant ?**  *\*\*Please note that only community organizations that have successfully completed at least one previous PDCF Community Grant may apply for a two-year grant.\*\** |

**Section II: INFORMATION ABOUT YOUR ORGANIZATION’S PROPOSED ACTIVITY/PROJECT**

|  |  |
| --- | --- |
| Name of Activity/Project |  |
| Amount Requested |  |
| Activity/Project Start Date |  |
| Activity/Project Completion Date |  |

**Activity/Project Description**

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| 1. **Briefly describe the activity/project.***(e.g. We want to buy warm swimsuits for dogs.)* |
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| **2. What are the goals of the activity/project? 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.)* |
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| **3. How will your activity or project build a stronger, healthier and more resilient community?** (*e.g. People will be able to exercise year-round by swimming with their dogs.)* |
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| --- | --- | --- | --- |
| **4. Have you approached other sources of support for this Activity/Project? Yes  No** | | | |
| Name of Source | Amount in Cash | In-Kind Support | Confirmed (Y/N) |
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|  |  |  |  |
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| **5 Please provide any other information you think might be relevant to this grant application**. |
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| **6. How will your organization acknowledge the support of The Perth and District Community Foundation?** |
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**7. Is your organization making this application in collaboration with another community organization?  
Yes  No**

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If yes, please indicate which organization will be designated as the official recipient responsible for fulfilling the terms of the grant:

|  |  |
| --- | --- |
| **8. On behalf of the organization I acknowledge and agree that**   1. Funds received from PDCF will be spent on the activity/project by the reporting deadline. 2. Funds not used for this activity/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 activity/project, PDCF has the right to inform the community through any media of the recipient of the grant, the amount awarded and the purpose or description of the activity or project. 5. I have the authority to bind the organization. | |
| Name: |  |
| Title: |  |
| Date: |  |

**Applications must be received on or before October 31. Submissions should be made using the online submission form at** [**www.pdcf.ca/grants**](www.pdcf.ca/grants)*(you may also email a copy of your application to info@pdcf.ca)*

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| **Attachments to be included:**   * + - 1. Summary financial statement       2. Detailed activity/project budget, 10% administrative fee is allowed. If you are applying for a two-year grant, please include the budget for two years. |