

NORTHEAST REGIONAL COMMUNITY FOUNDATION

GRANT - Guidelines



*Growing a
Lasting Legacy*

WHAT IS THE NORTHEAST REGIONAL COMMUNITY FOUNDATION GRANT PROGRAM?

Canada's community foundations are a national network of public foundations created by and for urban and rural communities to provide lasting support for local priorities. They are recognized sources of knowledge about local issues and are trusted for their ability to expertly manage donors' funds. Community foundations are one of Canada's largest grant makers, providing more than \$137 million to a wide range of charities in 2006.

POLICY GUIDELINES

Grants will be awarded to charitable organizations in Dawson Creek, Pouce Coupe, Taylor, or Hudson's Hope.

Grants are made only to organizations recognized by the Canada Customs and Revenue Agency as registered charities. However, organizations that are not registered charities can be eligible to apply for grants from the Foundation by contracting with an agency that is a registered charity.

The registered charity must:

- agree to having their charitable registration number used on the application
- accept any flow-through funds on behalf of the applicant, and
- provide a letter from the registered charity stating their agreement to the grant application. The letter **MUST** be included in the application.

Applicants must demonstrate fiscal responsibility and have a committed volunteer board. Organizations must be based in the Peace Liard region or projects must benefit the residents of the Peace Liard region.

Priorities

In awarding grants, particular consideration is given to projects which:

- translate needs and problems into issues and opportunities
- lead to individual and organizational self-sufficiency
- build effective partnerships
- promote networking and sharing
- realize a significant and sustainable result with a moderate amount of funding
- contribute to strengthening the community, especially by encouraging the participation of diverse groups and individuals
- are innovative

Funding Restrictions

The Northeast Regional Community Foundation does **not** support:

- fundraising events and campaign activities
- partisan political or religious activities
- individuals or businesses
- sports and recreation, team or club sponsorships
- deficit reduction
- purchase of computer equipment for administrative purposes

Application package – please submit the following items:

- Completed Application form.
- Budget Sheet.
- A list of your organization’s Board of Directors (full names).
- A copy of your organization’s most recent Financial Statements – audited if available.
- A copy of your organization’s most recent Annual Report.
- A letter of agreement from the registered charity that will serve as your “flow through”, if applicable.

Completed application packages can be returned to:

Susie Lefferson

Administrator

Email: nercfoffice@gmail.com

904 – 102nd Avenue, Dawson Creek, BC V1G 2B7

Phone: 250.782.8748

Cell: 250.219.7846

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ORGANIZATION

Name of your organization or group: ▶

Organization contact information:
(address, phone number, email, and web address
if applicable) ▶

Your Charitable registration number:
(if your group is applying through another
charity, see section below) ▶

Mission Statement or Purpose of your
organization or group ▶

Brief history of your organization or group:
(age, past projects, successes or failures, who
your organization has benefited in prior years) ▶

Do your services duplicate those in the
community? ▶

No
 Yes (please explain):

Is any of the income generated by your
organization made payable to or available for,
the personal benefit of any proprietor, member,
volunteer or shareholder of the organization? ▶

No
 Yes (please explain):

CONTRACTED CHARITY

Are you contracting a charity or municipality to use their registered number for this application?

- No
 Yes

If so, what is the name of the charity or municipality?

Charity or municipality contact information:
(name of person, address, phone number, email, and web address if applicable)

Their Charitable registration number:

ADMINISTRATION

Contact information for your organization/group's Executive Director/Manager – include email and phone

Are your Board Members volunteer or paid? Please give details.

Please report the number of volunteers in your organization and volunteer hours worked (not including board members)

Please report the number of paid management & staff, total hours worked and total annual salaries (not including board members)

PROJECT DETAILS

What is the name of the program/initiative/project?

Which community fund are you applying to?
(e.g. if your group is located in Hudson's Hope then you will apply to the Hudson's Hope Fund)

Describe the program and how it is unique from other programs

Is this project / initiative new or existing?

New
 Existing

What is the length of the project / initiative?
(Please include the start and end dates)

Ongoing
 Start/end dates

What are the goals & objectives of the project / initiative?

Who will benefit from this project?

Describe your plan of action, including the methods you will use to evaluate this project:

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

Demonstrate how your community partners are involved in this initiative

PROJECT COSTS

What will be the TOTAL cost of the project?
(Please attach Budget Sheet)

How will this initiative be funded in the future?

What is the TOTAL grant request you are applying for from the NORTHEAST REGIONAL COMMUNITY FOUNDATION?

What specific costs would be covered by a grant from the NORTHEAST REGIONAL COMMUNITY FOUNDATION?

How do you propose to recognize a grant from the NORTHEAST REGIONAL COMMUNITY FOUNDATION?

List grant requests submitted to the NORTHEAST REGIONAL COMMUNITY FOUNDATION and grants received from the FOUNDATION IN THE PAST 5 YEARS (Please include date, amount and purpose – failure to provide evaluations from previous grants will be taken into consideration)

| LIST PARTNERS | IN-KIND CONTRIBUTIONS (\$ VALUE) | FINANCIAL CONTRIBUTIONS |
|---|----------------------------------|-------------------------|
| Your Organization | \$ | \$ |
| Northeast Regional Community Foundation | \$ | \$ |
| Ashley Arvay | \$ | \$ |
| Doig River First Nation | \$ | \$ |
| Salteau First Nation | \$ | \$ |
| PRRD | \$ | \$ |
| PRRD Area B, C, D, E | \$ | \$ |
| TOTAL | \$ | \$ |

*Note in-kind evaluation of labour here.

AFFIRMATION

THE INFORMATION INCLUDED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

AUTHORIZED SIGNATORY

NAME (please print)

TITLE (please print)

DATE