



Box 2028
 Vanderhoof, BC
 V0J3A0
 250-570-9320
legacy@vhfcf.org

GRANT APPLICATION FORM

Name of organization:	
Your Charitable Registration Number:	
<p>If your organization does not have charitable status, then provide details of your eligible partner organization. A signed Memorandum of Understanding is mandatory. If you don't have a partner charity, you may apply, and the Vanderhoof Community Foundation may be able to assist you with this arrangement.</p> <p>Partner Organization Name: Registered Charitable Number: Circle your answer: Have you included a signed MOU? Yes / No</p>	
Name your organization officers:	
Mailing address:	Website:
	Contact name:
Email:	Phone:
<p>Geographic Area: Eligible Applicants must be operating in or provide services to the Vanderhoof area including any one or all of Vanderhoof, Saik'uz, Cluculz Lake and Regional District of Bulkley Nechako Rural Area F. The proposed project must also focus on this area. Please explain how your organization and your proposed project meet this criterion:</p>	
Briefly describe your organization's Mission or Mandate:	
Briefly describe your project:	
<p>Project focus area: Which of the following does your proposed project encompass? Arts and Culture; Education; Health; Social Development; Sports and Recreation; Environment.</p>	
Project start date:	Project end date:
Who does the project target or benefit?	



How many participants or number of people does the project serve?

Amount Requested from the Foundation:

What will the Foundation grant funds specifically be used for?

Project Budget

List of Expenditures

Total Expenditure

Revenue

Cash

Revenue source(s) with anticipated or confirmed status.

In kind volunteer hours value (attach a record).

Total Revenue

How will you know if your project is successful? Provide clear, measurable outcomes.

What information, anecdotes, statistics etc. are you collecting from the beginning of the project which you will be able to share in your Project Report?

How will the grant from Vanderhoof Community Foundation be recognized?

Authorized signature of Applicant _____

Name: _____

Position within Applicant Organization: _____



If there isn't enough space on this form for your response please include attachments with additional information. There is no page limit for answers or attachments.

Questions can be sent to Foundation Email (legacy@vhfcf.org)

- **Two options for submitting your application via email:**

- Print Word document, complete by hand and scan to PDF, then email your submission, or
- Open the Word document, complete adding space as required, save as PDF and email.
- No paper submissions accepted. Email your grant application to **legacy@vhfcf.org**