

**Wells Gray Community Forest (2010) Society Application Form
Funded by Wells Gray Community Forest Corporation**

Name of Organization:	
Mailing Address:	
Federal Charitable Registration # (if applicable):	
BC Society # (if applicable):	
Primary Contact Person:	
Position:	
E-mail address:	
Telephone No:	
Project Title:	

1. PROJECT DESCRIPTION:

Program Description	
Statement of social need or service to be addressed	
Goals and Objectives	

Wells Gray Community Forest (2010) Society Grant Application

Benefits to Target Population and Community	Target Population	Community
Timelines (start and end dates)		
Wells Gray Community Forest Corporation Recognition		

2. SUCCESS CRITERIA:

3. MEASURABLE OUTCOMES:

4. QUOTES

Business	Purchase	Price
1.		
2.		
3.		

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5. BUDGET:

Revenue		Expense	
Sources	Amount	Uses	Amount
Total		Total	

6. GRANT FUNDS CATEGORIES: tick only one box indicating funds requested

Social <input type="checkbox"/>	Matching <input type="checkbox"/>	Accumulating <input type="checkbox"/>
25% to social needs in the Wells Gray Country including the District of Clearwater. <i>This funding category does not require matching funds and is intended to support the overall social needs of the community.</i>	50% to infrastructure improvements in Wells Gray Country including the District of Clearwater. <i>This funding category requires matching funds from a person or organization. In kind may be accepted as part of the matching funds, must be specific to the project and accompanied with an invoice showing reasonable value i.e., donated or discounted machine time, donated or discounted materials, volunteer man days, hours, dollar value (policy #17)</i>	25% for larger projects that benefit the Wells Gray Country including the District of Clearwater either as a lump sum or ongoing payments. <i>This category may be carried forward and allowed to build in value intended for larger projects. Note: this funding category may not be available in each grant application session.</i>

Note: the % value is the amount available in each category of the total amount available on the funding session. The largest amount of funding is available in the matching funds category.

Signatures of Chairperson and one Director of the organization required.

Total funding request: _____

Matching Funds: _____

Signature: _____

Position: _____

Signature: _____

Position: _____

7. ORGANIZATION INFORMATION:

Organization Purpose	
Services provided (include target population, geographic area and number of people served)	
Annual operating budget	
Operational funders	
How many paid staff full/part time? How many volunteers?	

MANDATORY

A **completed application** signed by a director or officer of the organization with legal signing authority

1. A completed application signed by a director or officer of the organization with legal signing authority
2. List of Board of Directors and Officers
3. Most recent financial statements and annual report
4. Letters of support from organizations/ agencies or operational funders that are part of or will benefit from the project.
5. Quotes from up to three (3) vendors for projects / equipment or if only one quote, include a rationale that supports this.
6. Policies or resolutions that indicate there is support for the project and overall management of the grant.