**Terms and Conditions**

1. **Grant Application is Due on Monday, April 30, 2018.**
2. Applicants must be a registered charity, sponsored by a registered charity, or a qualified donee as defined by Canada Revenue Agency (CRA), or a project of charitable nature.
3. Applicants must be located in Haldimand County
4. Grants are awarded for projects with a well-defined purpose and specific time period.
5. Generally, Grants will not be given:
	1. To cover operating deficits or retire debt
	2. To provide endowment funds
	3. For sectarian, religious or political purposes
	4. For research purposes
	5. To individuals
6. Any information other than the grant application and requested supporting documents will be disregarded.
7. Please submit completed applications via one of the following methods:

Email: info@caledoniafoundation.ca

Mail to P.O. Box, 2101, Station Main, Caledonia, ON, N3W 2G6

or call 905-765-3170 to arrange a drop off location.

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| Name of Organization: |
| Status of Organization: | Charity | Not-for-Profit | Community |
| Registered Charity Number (if applicable): |
| Name of Sponsoring Organization (if applicable): |
| Address: |
| City: | Postal Code: |
| Contact Person: |
| Title: | Telephone: |
| Email: | Website: |

1. **Please provide a brief description of your organizations mission and goals:**

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1. **500 words or less, please provide a detailed of the project/program and its purpose:**

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1. **What are the desired outcomes of the grant?**

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1. **What are the proposed timelines for implementing the grant?**

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1. **Do you have any other source of income for this project/program? This may include in-kind and financial support.**

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1. **Has your organization received funding before from Caledonia Community Foundation?**

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| No | Yes Year: Amount: |

1. Please include a project budget. CCF may request your financial statements during the application process.

 We certify this application has official approval from the organizations Board of Directors

  **Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**