



Caledonia Community Foundation Grant Application

Terms and Conditions

- Grant Application is Due on May 31, 2022.**
- 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.
- Applicants must be located in Haldimand County
- Grants are awarded for projects with a well-defined purpose and specific time period.
- Generally, Grants will not be given:
 - To cover operating deficits or retire debt
 - To provide endowment funds
 - For sectarian, religious or political purposes
 - For research purposes
 - To individuals
- Any information other than the grant application and requested supporting documents will be disregarded.
- Please submit completed applications via one of the following methods:

Email: CCFgrandlights@gmail.com

Mail to P.O. Box, 2101, Station Main, Caledonia, ON, N3W 2G6
or call 905-765-3170 to arrange a drop off location.

Name of Organization:		
Status of Organization:	Charity <input type="checkbox"/>	Not-for-Profit <input type="checkbox"/> Community <input type="checkbox"/>
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:

2. 500 words or less, please provide a detailed of the project/program and its purpose:

3. What are the desired outcomes of the grant?

4. What are the proposed timelines for implementing the grant?

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

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

No <input type="checkbox"/>	Yes <input type="checkbox"/>	Year:	Amount:
-----------------------------	------------------------------	-------	---------

7. 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: _____