**Sussex Area Community Foundation Inc.**

**Grant Application**

**625 Main Street, Unit ‘Y’**

**Sussex, NB E4E 2S4**

**506.433.6244 |** **sacfi@nb.aibn.com** **| www.sacfi.org**

Organization Name ­­­­­­­­­     ­­­­­­­­­­­­­­­­

Mailing Address

Telephone       Email

Executive Director/Manager

Contact person for this request

Telephone       Email

Charitable Registration Number

1. Name of project
2. Is this a new or existing project
3. Project Duration: Start Date       End Date
4. When are funds required for this project?
5. How much are you requesting from Sussex Area Community Foundation Inc.?
6. Briefly describe the project
7. How many hired staff do you have?
8. How many volunteers?
9. What need is the project designed to meet?
10. Who will benefit from this project and how will they benefit?
11. How will the project results be measured and reported?
12. Do you intend to cooperate with other agencies or non-profit organizations on this specific project?
	1. Yes or No?       If yes, how
13. What specific items would be covered by a grant from Sussex Area Community Foundation Inc.?
14. Is additional funding required in the future to sustain this project?
	1. Yes or No?       If yes, how will the requirement be met?
15. Identify ways you will acknowledge and recognize the Foundation’s grant, if received?

The application is submitted by:

Name       Date

**Instructions for Submitting Grants**

Click on the grey shaded box in the application above, the line will expand as you type. When completed, save the document to your computer.

The following documentation is required with your completed application form:

1. A completed budget form for your project showing;
	1. All sources of revenue for the project; indicate if other revenues sources are confirmed.
	2. All project expenses; please include project quotes if applicable.
2. A listing of your organizations current financial statement.
3. A copy of your organizations current statement of income and expenses.

**You may return your applications form and supporting documentation to us by email at** **sacfi@nb.aibn.com** **or send it by mail, courier or hand-delivered to the following address;**

**Sussex Area Community Foundation Inc., 625 Main Street, Unit ‘Y’, Sussex, New Brunswick, E4E 7H5**

Note: All grant applicants will be advised about grants awarded by Sussex Area Community Foundation Inc.

Note: All grants will be provided at the Grants Ceremony in person. Grants will not be mailed to recipients.

**Remember: Grant applications are due by 12:00 (noon) on March 11, 2020 and 12:00 (noon) on September 9, 2020.**

**Please read the entire document, failure to complete the items requested in the Grant Application or noted above will result in ineligibility for the grant session.**

**Grant Application Check List:**

**[ ]  Application Form**

**[ ]  Budget form showing all sources of revenue for the project**

**[ ]  Budget for showing all project expenses**

**[ ]  Copy of current financial statement (Income and Expenses)**

**[ ]  Confirmation of Written Agreement Form if not a registered charity (if applicable)**