



Sussex Area Community Foundation Inc.

Grant Application 2026

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. Is this project contingent on receiving this grant? _____

6. How much are you requesting from Sussex Area Community Foundation Inc.? _____

7. Briefly describe the project _____

8. How many hired staff do you have? _____

9. How many volunteers? _____

10. How many people will be directly affected? _____

11. Who will benefit from this project and how will they benefit? _____

12. How will the project results be measured and reported? _____

13. Do you intend to cooperate with other agencies or non-profit organizations on this specific project?

a. Yes or No? _____ If yes, how _____

14. What specific items would be covered by a grant from Sussex Area Community Foundation Inc.? _____
15. Is additional funding required in the future to sustain this project?
- a. Yes or No? _____ If yes, how will the requirement be met? _____
16. Would this project continue if this grant is not awarded? Yes or No? _____
17. 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;
 - a. All sources of revenue for the project; indicate if other revenues sources are confirmed.
 - b. All project expenses; please include project quotes if applicable.
2. A listing of your organizations current financial statement for the fiscal year.
3. A copy of your organizations current statement of income and expenses for the fiscal year.

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, 2026 and 12:00 (noon) on September 9, 2026.

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. Incomplete applications will not be considered.

Grant Application Check List:

- ☐ Application Form
- ☐ Budget showing all sources of revenue and expenses for the project
- ☐ Copy of latest financial statement (balance sheet and income statement)
- ☐ Confirmation of Written Agreement Form if not a registered charity (if applicable)