

Deaf Community Foundation of BC

GRANT APPLICATION FORM

Welcome to the Deaf Community Foundation of BC. In order to request a grant, please complete and email your application form to the Program Manager for action. To avoid any delay in the process of your application, please complete all fields highlighted in: You can save data typed into this form. If any problems, please contact us by email to president@deafbcfoundation.ca.

1. GENERAL INFORMATION REGARDING APPLICANT ORGANIZATION

Organization name:

Address:

City:

Province: **BC** Postal Code:

Contact Name:

Title:

Email Address:

Registered Charity No.:

B.C. Society No.:

Does your organization's Board has 51% or more Deaf members? **Yes** **No**

Board of Directors List: attached. Annual Report: attached.

2. APPLICATION SUMMARY:

Project Title:

Time Length from: to:

Project description:

Explain why the project is needed:

For what items the grant request used:

Involve other associations and/or agencies in the project? **Yes** **No**

If yes, names of associations and/or agencies:

Number of Participants:

Ages: All Ages? Children? Teen? Youth? Adults? Seniors?

Total Project Budget: \$ Project Budget Summary: attached.

Amount Required: \$ Other Documents: attached.

3. SIGNATURES

When submitted, you certify that the information given on this form and in any documents attached correct.

Board Representative: Title:

Contact Person: Title:

Date:

Mailing Address: Deaf Community Foundation of B.C., 9625 153A Street, Surrey, B.C., Canada, V3R 4J1