

## 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.

### 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.:

Your organization 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: <dd month yyyy> to: <dd month yyyy>

Project description:

Explain why project is needed:

For what items the grant request used:

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

If yes, names of associations and/or agencies:

Number of Participants:

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

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

**Amount Requested:** \$ Other Documents:  attached.

### 3. SIGNATURES

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

Board Representative:

Title:

Contact Person:

Title:

Date: **14 May 2016**

4. EMAILING ADDRESS: [DeafFoundationofBC@gmail.com](mailto:DeafFoundationofBC@gmail.com)