

WELCOME

Welcome to the Comox Valley Community Foundation's Community Enhancement Grant Application. Prior to completing the application form, please review our funding guidelines at www.cvcfoundation.org. These guidelines provide valuable information to help you write a successful application. Applications will only be considered if they are filled out completely.

SECTION 1: APPLICANT INFORMATION

1. Name of Organization:

2. Are you a qualified donee?

Yes

No

Qualified Donees

3. Registered Charity Number

4. Your Organization's Address

Street Address

Mailing Address (if different)

City/Town/Village

Province

Postal Code

Country

5. Your Organization's President

President's Name

Email Address

Phone Number

6. Application Contact Person

Contact person for this application

Email Address

Phone Number

7. Have you been previously funded by the Comox Valley Community Foundation?

Yes

No

8. What year did you or your sponsoring organization receive funding?

2016/17

2015/16

2014/15

2013/14

2012/13

N/A, have never received funding

Other year (please specify)

Non-Qualified Donees

In order for this application to be considered, we have to receive a signed Sponsorship Agreement form via e-mail to cvcfadmin@shaw.ca

Forms are available [here](#). Applications without this form will not be considered.

9. Sponsoring Organization Contact Information

Name of Sponsoring Organization	<input type="text"/>
Contact at Sponsoring Organization	<input type="text"/>
Email Address	<input type="text"/>
Phone Number	<input type="text"/>

10. Registered Charity Number of Sponsoring Organization

11. Sponsor Organization's Address

Street Address	<input type="text"/>
Mailing Address (if different)	<input type="text"/>
City/Town/Village	<input type="text"/>
Province	<input type="text"/>
Postal Code	<input type="text"/>
Country	<input type="text"/>

12. Sponsor Organization's President

President's Name	<input type="text"/>
Email Address	<input type="text"/>
Phone Number	<input type="text"/>

13. Application Contact Person

Contact person for this application	<input type="text"/>
Email Address	<input type="text"/>
Phone Number	<input type="text"/>

14. Have you or your sponsoring organization been previously funded by the Comox Valley Community Foundation?

- Yes
- No

15. What year did you or your sponsoring organization receive funding?

- 2016/17
- 2015/16
- 2014/15
- 2013/14
- 2012/13
- N/A, have never received funding
- Other year (please specify)

Previously Funded Applicants

16. Have you completed a project completion report for your previous funding?

- Yes
- No

Previously Funded Applicants, No Project Completion Form

Please complete a project completion form in order to be eligible for funding for the 2017/18 cycle. Once you have submitted your project completion form you will be eligible to submit a new application.

Click [here](#) for a project completion form.

Thank you for your interest, and we look forward to hearing about the success of your previously funded program!

SECTION 2: PROJECT INFORMATION

Please be as clear and concise as possible in your application.

17. Your Organization's Mission Statement (750 characters)

18. Your Organization's Goals (please only reference goals that are relevant to this application -500 character limit).

19. PROJECT DETAILS

Project Title

Funding Requested

Total Project Budget

Project Start Date

Project End Date

20. Please **briefly** describe your project. (What do you want to do) (2000 character limit)

21. Will this project proceed with partial CVCF funding?

Yes

No

22. If this project receives partial funding, how will the project be adapted?

23. What needs or opportunities in the community does your project address? (You may find the 2016 Comox Valley Vital Signs report, useful in answering this question - 1000 character maximum).

24. Please attach your project budget details.

Choose File

No file chosen

25. SOURCES & AMOUNTS OF FUNDING

Other Sources of Funding

Confirmed (\$ Amount;
From Where)

Other Sources of Funding

Unconfirmed (Are you
seeking funding from other
sources, if so, please
specify from which
funders)

26. Please upload your organization's latest financial statements.

Choose File

No file chosen

SUBMIT

Thank you for your interest in the Comox Valley Community Foundation's Community Enhancement Grants. If you have any questions, please contact us at cvcfadmin@shaw.ca or call us at 250-338-8444.

All applications will undergo a review process and you will be contacted in mid-December as to the status of your application. All grant decisions are final.

27. Application Checklist

We want your applications to be successful! Please ensure you have submitted all required documentation so that your application will be eligible for 2017/18 funding.

- Did you submit via e-mail your latest financial statements? (Required for all applications)
- Did you submit via e-mail your Sponsorship Agreement Form? (Required only for Non-Qualified Donees)
- If you have previously received funding, have you completed your project completion form?
- All questions in this form have been answered

Thank you for everything you do to make the Comox Valley a vital community, we wish you success!