

# 2019/20 Community Enrichment Grant

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*Comox Valley Community Foundation*

## *Grant Eligibility*

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### **Is Your Organization a Registered Charity in good standing or Qualified Donee?\***

As defined by the Canada Revenue Agency

Federally-registered charity

Qualified donee

#### **Choices**

Yes

No

## *Registered Charity Number*

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### **Registered Charity Number\***

Please provide your Canada Revenue Agency charity registration number

*Character Limit: 20*

## *Do you have a Sponsoring Organization?*

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### **Sponsorship Agreement\***

If you are not a registered charity, you will need to partner with a registered charity and provide a signed sponsorship agreement. Do you have a sponsoring organization?

#### **Choices**

Yes

No

## *Sponsorship Agreement*

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### **Sponsorship Agreement\***

Please upload your signed Sponsorship Agreement Form.

*File Size Limit: 3 MB*

### **Name of Sponsoring Organization\***

*Character Limit: 250*

**Sponsoring Organization Registered Charity Number\***

*Character Limit: 20*

**Contact at Sponsoring Organization\***

*Character Limit: 50*

**Email Address\***

*Character Limit: 254*

**Phone Number**

*Character Limit: 10*

*Not A Registered Charity and No Sponsorship Agreement*

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Based on the information provided, your organization is ineligible for a CVCF grant. Please review our granting criteria

*Overall Project Eligibility*

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**Retroactive Funding\***

Is this a proposal for retroactive funding or any project expenses to be incurred prior to November 30, 2019?

**Choices**

- Yes
- No

**Academic Research\***

Is this a proposal for academic research?

**Choices**

- Yes
- No

**Tours or Travel\***

Is this a proposal for tours or travel outside the community (unless incidental to the project)

**Choices**

- Yes
- No

**Scholarships & Bursaries\***

Is this a proposal for scholarships or bursaries (funded elsewhere by the Foundation)

**Choices**

Yes

No

### Religious Purpose\*

Is this a proposal for activities of religious organizations that serve primarily their membership or their direct religious purposes

#### Choices

Yes

No

### Political Activities\*

Is this a proposal for political activities as defined by the Income Tax Act

#### Choices

Yes

No

## *Ineligible for Funding*

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Based on the information provided, your project is ineligible for a CVCF grant. Please review our granting criteria

## *Project Details*

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### Project Name\*

The name of the project is attached to each and every form within your process. This is the "identifier" for the request.

*Character Limit: 100*

### Project Details\*

Please **briefly** describe your project (Describe what you want to do and how you will do it)

*Character Limit: 2000*

### Funding requested from CVCF\*

*Character Limit: 20*

### Project Start Date\*

*Character Limit: 10*

### Project End Date\*

*Character Limit: 10*

**What needs or opportunities in the community does your project address?\***

You may find the 2018 Comox Valley Vital Signs report useful in answering this question

*Character Limit: 1000*

**Will this project proceed with partial CVCF funding?\***

**Choices**

Yes

No

*Partial Funding*

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**Partial Funding Plan**

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

*Character Limit: 2000*

*Previous CVCF Funding*

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**Have you been previously funded by the Comox Valley Community Foundation?\***

**Choices**

Yes

No

*Previously Funded Applicants*

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**In what year did you receive your most recent funding from CVCF?\***

**Choices**

2018/19

2017/18

2016/17

2015/16

Other

**Has a project final report been submitted for this previous funding?\***

**Choices**

Yes

No

## *Final Reports*

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The project complete form is overdue for the funding year you indicated. Please complete a project completion form in order to be eligible for funding. Once you have submitted your project complete form you will be eligible to submit a new application

[Click here to access the project complete form](#)

## *Final Reports 2018/19*

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2018/19 CVCF funded project complete forms are due on October 31st, 2019. This application will be deemed ineligible should the final report not be completed on time.

[Click here to access the project completion form](#)

## *Applicant Information*

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### **Please provide you Organizations Mission Statement\***

*Character Limit: 500*

### **Please provide your Organizations Goals**

As they relate to this application

*Character Limit: 500*

## *Financial Information*

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### **Please attach your project budget details\***

Please upload a completed CVCF budget template

*File Size Limit: 10 MB*

### **Please upload you organization's latest financial statements\***

*File Size Limit: 10 MB*

### **Other Confirmed Sources of Funding Organization Names**

List name(s) of organization(s)

*Character Limit: 250*

### **Other Confirmed Sources of Funding Amount**

*Character Limit: 20*

**Other Unconfirmed Sources of Funding Organization Names**

List name(s) of the organization(s)

*Character Limit: 250*

**Other Unconfirmed Sources of Funding Amount**

*Character Limit: 20*