



CENTRE  
WELLINGTON  
COMMUNITY  
FOUNDATION

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1.888.713.4083

Email: [info@cwcfoundation.ca](mailto:info@cwcfoundation.ca)

Website: [www.cwcfoundation.ca](http://www.cwcfoundation.ca)

Charitable Registration: 859545295RR0001

## Project Grants Application Form

### GETTING STARTED

#### Are you a Registered Charity?

The lead applicant must be a Registered Charity. See our FAQ for more details.

#### What if I'm not a Registered Charity?

You must partner with a Registered Charity. All funds will be granted to the Registered Charity. Feel free to contact us for more details.

#### Have You Submitted Your Project Evaluation Report?

If you have previously received a grant from the Centre Wellington Community Foundation, you must have completed and submitted a final grant report before this application will be considered.

### HOW TO APPLY:

Complete and email this application (WORD format) to [grants@cwcfoundation.ca](mailto:grants@cwcfoundation.ca) no later than **April 11, 2024 @ 5:00 pm**. **We strongly encourage applicants to not wait until the last day.**

### IMPORTANT DATES:

March 12, 2024	Applications open
March 19, 2024	Public Information Night (Virtual)
<b>April 11, 2024</b>	Applications close at 5:00 pm
Last 2 weeks of May	Notification of decision by email
<b>June 12, 2024 7:00-9:00 P.M.</b>	Cheque presentation at our Annual Public Meeting

**PLEASE NOTE:**

- Grant applications should not exceed \$1500.00
- Do not hesitate to contact us with questions regarding this program at grants@cwcfoundation.ca
- Only **complete** applications using this application form will be considered.
- All submitted materials become the property of Centre Wellington Community Foundation.
- The final decision on all grants rests with the Board of Directors.
- Those receiving a grant will be required to complete a final Project Grant report within eight weeks of the completion date of the project. See FAQ for details.

**REGISTERED CHARITY APPLICANT**

Organization Name: \_\_\_\_\_

Organization Address (in full): \_\_\_\_\_

Town/City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Charitable Registration Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Name Title

Contact Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_ Facebook Page: \_\_\_\_\_ X Handle: \_\_\_\_\_

Signing Officer: \_\_\_\_\_ Name & Title Date

**PARTNER APPLICANT (if applicable)**

Organization Name: \_\_\_\_\_

Organization Address (in full): \_\_\_\_\_

Town/City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Charitable Registration Number: (if applicable) \_\_\_\_\_

Contact Person:(if different) \_\_\_\_\_

Name Title

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Contact Telephone:

Email:

---

Website:

Facebook Page:

X Handle:

---

Signing Officer:

Name & Title

Date

### HOW MUCH ARE YOU APPLYING FOR?

\$

Total Project Cost

\$

### TELL US ABOUT YOUR ORGANIZATION/GROUP

What is your mandate? What programs & services do you offer? Why is this project a priority? (200 words or less)

### PROJECT SUMMARY

Project Title:

Project Summary: **(25 words or less, form will expand as you type)** Note: The project summary is shared with our donors and media.

### PROJECT DESCRIPTION

Tell us about your project: What are its goals and why is it important? Is there a proven need in the community and who benefits? What are the key initiatives/activities at the core of the project? How does the project relate to the Vital Signs 2019 report choices: Belonging & Leadership, Housing, Health, Arts & Culture, Gap between the Rich & Poor, Environment **(300 words or less, form will expand as you type)**



**Project Expenses:**

ITEM	AMOUNT
1.	
2.	
3.	
4.	
5.	
6.	

**Total Project Expenses \$**

Please note the total of Project Expenses & Revenue should match.

**RECOGNITION OF CENTRE WELLINGTON COMMUNITY FOUNDATION GRANT**

As a condition of receiving a grant, we ask that you provide us with details of how the support provided by Centre Wellington Community Foundation will be recognized. For example website, social media, annual report; project marketing materials; annual meetings; newsletters; special events; table-top signage, etc.

Recognition	Timing

By signing below, I confirm that all information in this application is accurate and complete and that the budget is fairly presented. I confirm that the applicant has all the necessary authorities to undertake the proposed project. If the grant is successful, I also agree to follow the recognition guidelines and to provide a final Project Grant report within eight weeks of the Project Grant completion date. I also agree that all materials submitted in this application, any follow up reports and other communications can be used by CWCF for marketing purposes.

\_\_\_\_\_  
Signature (Authorized Officer)

\_\_\_\_\_  
Date