



## BROKENHEAD RIVER COMMUNITY FOUNDATION GRANT & FUNDING GUIDELINES

The Brokenhead River Community Foundation makes grants to enhance the quality of life in all areas of the community. Citizens of Beausejour-Brokenhead benefit from grants made in the following areas:

- Arts and Culture
- Education
- Health and Physical Activity
- Social Services
- Environment

### **Additional Grant - Winter Games Legacy Grant**

*The Winter Games Legacy Grant will be available to local teams and organization associated with sports involved in the Winter Games held in Beausejour in 2006; Alpine Ski, Badminton, Special Olympic Bowling, Cross Country Skiing, Curling, Hockey, Volleyball, Figure Skating and Artistic Gymnastics). Where these sports do not apply, the grant may go to any sport involved in the current Winter or Summer Manitoba Games program. The intent of the grant is to assist with equipment (excludes uniforms), clinics for athletes and coaches, hosting or attending major sporting events.*

To meet the changing needs of our community, guidelines for grant applications are established and reviewed annually. Applications for grants are thoroughly reviewed by a volunteer Grants Committee and approved by the Board of Directors.

### **Eligibility**

Only community organizations that are non-profit may apply. Organizations applying must have access to a registered charity number (**Town of Beausejour or RM of Brokenhead # can be used- please contact them to make arrangements**). Grants are not made to individuals or businesses.

### **Granting Priorities**

The Foundation gives preference to projects and programs where grant money can benefit the community in a significant way. Proposals should:

- serve a need in the community
- involve organizations in the community
- strengthen the social and cultural structure of the community
- emphasize and utilize the skills and resources that exist in the community
- have a well-planned approach - have broad public appeal
- working in partnership or collaboration with other community partners
- organization's demonstration of financial commitment towards the project (**minimum 25% of project**)

### **Restrictions**

Grants are not ordinarily made for:

- research
- seminars, conferences or workshops
- tours or travel outside the community
- sectarian, religious or political purposes
- fund raising activities
- core operating costs or capital building campaigns
- to retire debt
- capital projects located outside the Beausejour or Brokenhead area
- general endowment or sustaining funds

### **Funding Procedures**

Prior to receiving funding, successful applicants must submit a post event report, complete with photos of the project and the final project budget with actual expenses and revenues as well as paid receipts (or photocopies of same) by August 31<sup>st</sup>. A small sign will be given to successful applicants to be displayed at their project for no less than a year.

**Application Deadline: postmarked or hand delivered by September 30<sup>th</sup> – no exceptions**



# BROKENHEAD RIVER COMMUNITY FOUNDATION GRANT APPLICATION

**IMPORTANT:** Please be sure to include the signed and completed application form PLUS the required supporting documents outlined in the "checklist" below.

**Checklist:**

- Completed and signed application form
- List of Board of Directors or members of the governing body for your organization
- Projected budget for the project/program. Estimates and quotes should also be included for capital projects and equipment purchases

Yes, we would like this application to also be considered for the Winter Games Legacy Fund

**NOTE:** A copy of your Organization's most recent financial statements may be requested and information regarding your project may be made available to our donors and to the public

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

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

Mailing Address: \_\_\_\_\_ Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Years Established: \_\_\_\_\_ No. of Board Members: \_\_\_\_\_

**Charitable Registration #: (mandatory)** \_\_\_\_\_ **Charity # belongs to: (mandatory)** \_\_\_\_\_

Project Title: \_\_\_\_\_

Total Project Cost: \$ \_\_\_\_\_ Amount of Grant Requested: (maximum of 75% of total cost) \$ \_\_\_\_\_

Will your project continue if you are awarded a grant smaller than the amount requested? YES NO

Project Start Date: \_\_\_\_\_ Project Completion Date (within 1 year) \_\_\_\_\_

Project Type: Arts and Culture Social Services Education

Health and Physical Activity Environment Sport other: \_\_\_\_\_

Have you received funding from BRCF in the Past? YES Year: \_\_\_\_\_ NO

Have you received past funding from BRCF for this project? YES Year: \_\_\_\_\_ NO

## ABOUT YOUR PROJECT

Provide a brief description of your project?

What is the purpose of this project? What is the relationship of the project to the overall goals and services of your organization?

Who will be served by this project? How many will be served? What is the geographic area served?

List other community partners and sources of funding for the project (this can include Gift In Kind items as well):

Assured Sources	Cash	Gift in Kind Value

Expected Sources	Cash	Gift in Kind Value

FUTURE FUNDS: If this project will require future or ongoing funding, how will that be done?

OTHER: Is there anything else you would like us to know about this project? Attach additional information if necessary

# Project Budget:

Please give a detailed outline of your project budget. **Do not include the overall operational expenses of your organization** – only the particulars related to the proposed project. If your project is being completed in phases only provide the budget for the current phase. NOTE: project expenses and sources of revenue should balance. Quotes are expected for capital projects & equipment purchases.

## Project Expenses:

Item	Amount
<b>Total</b>	<b>\$</b>

## Sources of Revenue:

	Confirmed	Unconfirmed
Amount Requested from BRCF		
Funding on Hand		
Other Sources of Revenue: (list)		
<b>Sub Total</b>	a) \$	b) \$
	<b>Total Funds (a+b)</b>	<b>\$</b>

## Authorization:

We, the undersigned, declare that we are Officers of this Organization and have been authorized to make this application on behalf of the Organization.

By signing this application, the applicant agrees to the expectations of grant recipients and gives BRCF permission to publish grant information upon approval of the grant. Grant applications which are not approved will remain confidential.

### Signing Officer

Name: \_\_\_\_\_  
 Position: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Date Signed: \_\_\_\_\_

### Signing Officer

Name: \_\_\_\_\_  
 Position: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Date Signed: \_\_\_\_\_

Applicants are required to complete and submit an application form and supporting documents by mail to:

**Brokenhead River Community Foundation, Box 2225, Beausejour, R0E 0C0.**