

**Community Action Committee
Funding Application**



Applicant Information

Organization Name: _____

Address: _____

Registered Charity #: _____ Phone: (_____) _____

E-mail: _____ Fax: (_____) _____

Contact Name: _____ Contact Title: _____

Brief description of the organization:

When was the organization established? _____

How many people are served by your organization?

- 1 – 10 11 – 50 51 – 100 > 100

Where is the geographical influence of the organization? _____

Are you willing to make a presentation to our CAC or host a visit?

- Make a presentation Host a visit Both Neither

Project Information

Brief description of planned use of funds or volunteer time:

What is the importance of the project to the community?

What reporting information will be available to show the effect this funding had on the project?

Funding Request

Select grant type: Cash Volunteer hours

Total amount requested (\$ or hours): _____

Please note that if your proposal is accepted, you may need to provide the following information:

- Verification of tax-exempt status; copy of CCR status letter or verifiable tax ID #
- Letter or proposal from the organization requesting funds
- Brochure, newsletter, articles, or other information about this organization
- Report focusing on the effectiveness of the funding provided by the CAC
- If a fundraising activity, the following documentation will be requested:
 - Copy of pledge sheet showing funds raised by employees
 - Copy of all cheques collected by employees for the events
 - Letter from the sponsoring organization noting the total amount of funds raised by employees

Please include a budget that indicates evidence of the funding being spent on this specific proposal and return this completed form to cac@psca.mhps.com.

The proposal will be distributed to all voting members of the Community Action Committee for review.

Organization Representative (Signature)

Date