

Grant Application – Project Financial Summary



Project Name: _____

Project Budget

Items	Cost \$
Salaries/benefits	
Professional fees/honoraria	
Capital (specify)	
Other (specify)	
Total Project Expenditures	
Amount requested from the Delta Community Foundation	

Project Funding

Source of Revenue	Assured	Potential	Contact Cell/email
Delta Community Foundation			
Government Funds- List Name of Funder			
Other Funders:			

Total Funding of Project: \$	
<i>Submitting the Grant Application to the DCF: The Delta Community Foundation expects you will file an interim or final report within six months explaining how the funds were used and the outcome.</i>	
Print Name of Senior Staff Person:	
Signature of above:	Date:
Print Name of Chairperson/Board Member:	
Signature of above:	Date: