



P.O. Box 18527
Delta, BC V4K 4V7
www.deltafoundation.org

Delta Community Foundation Grant Application

**PLEASE REFER TO DELTA FOUNDATION GRANTMAKING POLICY AND GUIDELINES
INFORMATION FOR APPLICANTS BEFORE SUBMITTING A GRANT APPLICATION**

Please fill out the following questions as accurately and as thoroughly as possible in the space provided.

Send:

- 1 copy of your application attaching a list of your organization's Board of Directors
- 1 copy of your organization's Financial Statements
- 1 copy of your most recent Annual Report

Agency Name	
Agency Address	
Telephone	
Email	
Charitable Registration #	
Executive Director/Manager	
Contact Person (if different than above)	
Title	
Phone	
Email	



P.O. Box 18527
Delta, BC V4K 4V7
www.deltafoundation.org

1. State mission/values/goals of your organization:

2. Name of project:

3. Is this a new _____ or existing _____ project?

4. Duration of project: from: _____ to: _____

5. When are the funds required for the project? _____

6. How much are you requesting from the Delta Foundation? \$ _____

7. Describe the scope of this project:

8. Who will benefit from this project?



P.O. Box 18527
Delta, BC V4K 4V7
www.deltafoundation.org

9. Describe your plan of action including the methods you will use to evaluate this project/activity.

10. Describe the capability of your agency to conduct the project and note special staff qualifications.

12. How will this project be funded in the future?

13. What special items would be covered by a grant from the Delta Foundation?



P.O. Box 18527
 Delta, BC V4K 4V7
www.deltafoundation.org

14. We expect that grant recipients will publicly recognize a grant from the Delta Community Foundation through public and social media, along with posting the Delta Community Foundation logo and tagging the Foundation on the recipient's social media.

How will you meet this requirement?

15. List grant requests submitted to the Delta Foundation and/or received from the Delta Foundation during the past five years (include dates, amounts and purposes):

Project Budget

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



P.O. Box 18527
 Delta, BC V4K 4V7
 www.deltafoundation.org

Project Funding Sources	Assured	Potential	Contact (Cell/Email)
Delta Community Foundation			
Government Funds (List Name of Funder)			
Other Funders			

Total Funding of Project: \$ _____	
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	
Print Name of Senior Staff Person:	
Signature of above:	Date:
Print Name of Chairperson/Board Member:	
Signature of above:	Date:

Delta Community Foundation Use Only:

Date Application Received:	
Grant Application Reference Number:	
Date Approved:	
Date Denied:	
Reason:	
Name of Grant Committee Chair:	