

# Community Fund of North Kootenay Lake Society

[nklcommunityfund.org](http://nklcommunityfund.org)

## GRANT APPLICATION FORM

**\*\*The 2023 CFNKLS Grant application cycle is now open.**

Please read the CFNKLS [Granting Guidelines](#) and [Grant Eligibility Policy](#) before completing this application. CFNKLS rarely gives grants in excess of \$4,000.

### **APPLICATION SUMMARY:**

**For Charity/Qualified Donee/Sponsored \_\_\_\_\_ For non-charitable organization \_\_\_\_\_**

Applicant Organization's  
B.C. Societies Reg. Number \_\_\_\_\_

Revenue Canada  
Registered Charities Tax Number \_\_\_\_\_

Please note that CFNKLS, as an arm of the Osprey Community Foundation, can only provide grants to Registered Charities and other Qualified Donees. Please refer to the CFNKLS [Grant Eligibility Policy](#) for further information.

(a) Organization's legal name

\_\_\_\_\_

(b) Project Title \_\_\_\_\_

(c) Project Summary Description (Maximum 5 lines)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(d) Amount of Request \_\_\_\_\_

(e) Total Project Budget \_\_\_\_\_

(f) Project Contact: Name \_\_\_\_\_ Title \_\_\_\_\_

(g) Contact Phone \_\_\_\_\_

**Section A – General information regarding the applicant organization**

1. Address \_\_\_\_\_

City/Town \_\_\_\_\_ Postal Code \_\_\_\_\_

2. Telephone \_\_\_\_\_

E-mail \_\_\_\_\_

3. Directors:   o Attach a complete directors list or fill in below:

Chair/President \_\_\_\_\_

Telephone \_\_\_\_\_

Executive Director \_\_\_\_\_

Telephone \_\_\_\_\_

Project Manager \_\_\_\_\_

Telephone \_\_\_\_\_

4. Organization mandate/activities:   o Annual Report attached or brief description below

---

---

---

---

---

**Section B – Information regarding the project for which funding is being requested**

5. Project Duration: From \_\_\_\_\_ to \_\_\_\_\_

6. Project background and need for this project

---

---

---

---

---

7. Project goals/objectives

---

---

---

---

---

8. Project activities and plan of action

---

---

---

---

---

9. Expected results of this project

---

---

---

---

---

10. Who will benefit from this Project?

---

---

---

---

---

11. How will the project be evaluated?

---

---

---

---

---

12. If this project is not time-limited, how will it continue after the period of funding ends?

---

---

---

---

---

13. CFNKLS can only make grants on a year-to-year basis, but we would be interested to know if this grant application is part of a longer term plan of 3 to 5 years.

---

---

---

---

---

14. FOLLOW UP: Grant recipients are required to provide written reports about their projects at the CFNKLS AGM closest to the project's completion. (A project Report Form will be provided to all grant recipients.) Oral reports are also useful in “telling your story”, as well as photos, and we very much welcome that kind of feedback. **Please note: any photos submitted to CFNKLS in reports, may subsequently appear in various CFNKLS publicity materials and on social media.**

Please provide the contact information of the person most likely to be responsible for making these reports:

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

Telephone(s) \_\_\_\_\_

E-mail address \_\_\_\_\_

**Section C – Project Budget**

**\*\*\* A budget MUST accompany this application in order to qualify for a grant.**

**Expenditures**

Item	Description	Cost	Expected from CFNKLS
Salaries/benefits			
Professional fees/honoraria			
Rent/utilities			
Telephone/communications			
Office/postage/ equipment			
Printing/photocopying			
Travel			
Promotion/Publicity			
Production costs			
Evaluation			
Other (specify)			
<b>Total Expenditures</b>			

**Revenues**

Sources	\$ Assured	\$ Potential	Contact & Telephone
Applicant's own contribution			
-cash			
- in-kind			
CFNKLS			
Other Grants:			
<b>Total Revenue</b>			

**Will your organization go ahead with your project if you do not receive the entire amount requested?**

---

**Section D – Letters of Support**

Please attach letters of support for this project. This may not pertain to all applications, but where your project is collaborative in nature, or impacts other organizations, letters of support will enhance your application.

**Section E – Signatures**

**Senior staff person**

\_\_\_\_\_  
Signature Title Date

**Chairperson/Board member**

\_\_\_\_\_  
Signature Title Date

**Please send completed applications and supporting materials to  
Community Fund of North Kootenay Lake  
P.O. Box 661, Kaslo B.C. V0G 1M0  
OR  
email to: [cfnkls.info@gmail.com](mailto:cfnkls.info@gmail.com)**

**APPLICATION DEADLINE – FRIDAY April 28, 2023**

**CHECK LIST OF INCLUDED ITEMS**

- B.C. Societies Registration number
- Revenue Canada Registered Charities tax number
- Name and contact information for Project coordinator
- Contact information for the Applicant Organization
- Complete information for Section B
- Complete information for Section C – Budget
- Letters of support where necessary
- Signatures
- Letter of agreement with registered charity or qualified donee if applicable