



HERITAGE GREEN COMMUNITY TRUST GRANT APPLICATION

Please read the guidelines carefully when applying for the grants as the Heritage Green Community Trust can only provide funding to organizations that qualify within specific limits.

Any organization receiving a grant from the Heritage Green Community Trust will be ineligible for further grants for a period of two (2) years from the date of receipt of the grant. Grant recipients will be required to comply with terms and conditions as set out in Guidelines for Grant-seekers document.

APPLICANT ORGANIZATION

Name: _____

Address: _____

Telephone & E-mail Address: _____

Contact or Project Manager: _____

Charitable Registration (if any): _____

Date of Founding: _____

Mission Statement/Statement of Purpose (if any): _____

Service boundaries (where do you provide services): _____

History of organization: _____

List of Current Board Members and Officers including addresses, telephone numbers & positions:

Number of paid staff (full-time and part-time if any): _____

Number of volunteers (involved in the organization): _____

AUTHORIZATION

I hereby certify that the making of this application has been approved by

Date:

Witness:

THE PROJECT

Describe the project for which a Grant from the Heritage Green Community Trust is requested. You may wish to give your project a title or name: _____

Amount requested from the Heritage Green Community Trust Fund:

Total amount required for the project. Will other funding be required to complete this project? _____

When will the funds be required? _____

Have funds been previously received from the Heritage Green Community Trust Fund? If so, when were they received?

Amounts received from other funding sources (identify source and amount)?

Who will receive the money and to who will the cheque be payable if funding is received from the Trust?

Please provide a Budget for the project (on a separate document). _____

Describe the short term and long-term results/benefits of the project? _____

What are the barriers to these anticipated results/benefits and how will they be overcome? _____

Who will be served by this project? This project must directly benefit the Community of Upper Stoney Creek to qualify for funding. _____

How many people will be served? _____

Are any other Organizations involved in the project? _____

How/when is the project to be implemented? _____

Proposed start-up and completion dates _____

How will the project will be monitored and the results evaluated? _____

Provide references from the Community _____

DOCUMENTS TO BE INCLUDED WITH THE APPLICATION

- ! Copy of the most recent (audited) financial statements
- ! Copy of the current annual budget, the most recent monthly/quarterly operating statement and the budget for this project (including list of expenditures and revenue if applicable)
- ! Copy of the incorporation document, where applicable
- ! Copy of the document confirming charitable registration status, where applicable
- ! Copy of the latest annual report and/or general information brochure
- ! Document listing how the organization intends to publicize the funding received from the Heritage Green Community Trust

****** Send completed applications to:**

Ms. Kim Bailey, Trust Administrator
Heritage Green Community Trust
c/o GFL Stoney Creek Regional Facility
65 Green Mountain Road W.
Stoney Creek, Ontario
L8J 1X5
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