

2023 GRANT REQUEST APPLICATION

DEADLINE TO APPLY: NOVEMBER 10, 2023

Non-profit organizations within the *Municipality of Two Borders Wards 2 & 3, Town of Melita*, *Municipality of Brenda-Waskada, and Municipality of Deloraine-Winchester* are eligible to apply for monies that become available from the unrestricted endowment funds currently managed. Applications received from groups outside the named area are welcome; however consideration of all grants is at the discretion of the Board of Directors of the Southwest Manitoba Regional Foundation Inc.

Please complete the following application and forward detailed documentation to:

SMRF Grant Application, Box 338, Deloraine, MB R0M 0M0 or Email to info@smrfoundation.ca

| Name of Organization: | | |
|--|--------------------------|--|
| Charitable Registration # | RR001 | Year Established |
| Mailing Address | | Postal Code |
| Primary Contact Person & Title | | |
| Telephone: | E-mail/Website _ | |
| Grant Request (Amount): | | |
| PROJECT SUMMARY REQUIREMENT: | | |
| All Applications MUST include a description | on of the planned proje | ct with specific details for the funds |
| being requested; include equipment costs/ in | nstallation, cost quotes | , budget, etc. – please be specific. |
| This application is to be signed by an Execution correct. (Signed by the Chair/President, Vice | | · · |
| Signature X | Tit | le |

To assist you in completing your application.....

Project Description

Please provide the following information:

- 1. Describe the project, including the purpose of the project and goals.
- Describe the involvement of members of your community and other organizations in the development and implementation of the project.
- 3. Cite evidence of need for the project, stating its significance to the local community
- 4. Indicate how you will measure the success of the project and how it will strengthen your community.

Agency Information

Briefly provide the following information:

| 1. | What is the purpose of the organization? | | |
|----|--|--|--|
| 2. | What services are provided? (include target population, geographic area served and number of people served.) | | |
| 3. | (a) Has the organization received a grant from Southwest Manitoba Regional Foundation Inc. in the last five years? | | |
| | Yes No | | |
| | (b) If you answered yes to 3(a), was a final report of the project(s) sent to the Foundation? | | |
| | Yes No | | |

Mail completed application with attachments to:

Southwest Manitoba Regional Foundation Inc., Box 338, Deloraine, MB R0M 0M0

Or email to info@smrfoundation.ca

For more information: Phone: (204) 747-2562