

## 7A Oxford St. Sault Ste. Marie ON P6B 1R7 http://ssmunitedway.ca/Endowment\_Fund/index.html

<mark>April 12, 2017</mark>

Update: Deadline to apply extended to Wednesday April 19<sup>th</sup> at 4pm (due to Statutory Holidays)

**Applications accepted annually on April 15**<sup>th</sup> and **October 15**<sup>th</sup> or the first work day following

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	Name of Organization		
	Contact Person		
	Position		
	Mailing Address		
		Postal Code	
	Telephone	Fax	
	Website		
	E-Mail		
	I confirm that the information contained in this application is tr		
	Signature	Title	
PART 2			
	Project Title		
	Grant Amount Requested		
	Briefly state your organization's mission.		
	Briefly list the core programs your organization undertak	es.	
	2. Briefly list the core programs your organization undertak		

3. Describe this project and why it is important to your organization and/or the community

	4.	How many will benefit from this project directly? Indirectly?
	5.	Please state the start and ends dates of the project, project objectives, and plan of action.
	6.	What outcomes are you expecting and how will you know if they have been achieved?
	7.	If the project will continue beyond the time frame state, how will the project be sustained in the future?
	8.	Please list the past grants your organization has received from Community Endowment Fund? (Project Title
		and Year)
PART 3		
	Plea	ase attach the following documents:
		A detailed budget for this project (including revenues, if applicable)
		A list of current board of directors
		Most recent financial statement
		Current operating budget

If you have any questions or wish to have the application sent to you in Word format please contact Maureen Dodd at

meddodd@ssmunitedway.ca or 705-256-7476 X216