

Deadline for submission: May 30th and November 30th



HELPING YOUTH IN OUR COMMUNITY

Criteria for funding: Funding may be available to groups serving youth (ages 6-19) in the Colchester East Hants catchment area. The Board of Directors will consider written applications for grants in June and December annually. Maximum amount per group per year is \$5,000

HELPING OTHERS GRANT APPLICATION FORM (FOR GROUPS)

Name of Organization/Group: _____

Date of Inception: _____ 15 digit Rev Can reg # _____
xxxxxxxxxRR0001

How can your organization best be described?

Arts & Culture:
Social & Community Development
Education:
Environment:

Grants & Fundraising:
Health:
Sports & Leisure:
Other:

Main Contact Person: _____

Title: _____ Your phone number: _____

Your e-mail address: _____

The "Helping Others Grant" seeks to assist underprivileged children. Does your program/project cater to this clientele? YES: _____ NO: _____

Please provide a reference name for your project:

Are you connected with BBBS in any way? _____ If so, please describe your association:

Organizational mandate:

Please attach a description of your project/program: (Including total expenses and your plan for sustainable funding: (Income and expenses including marketing, salaries, transportation, facility, equipment, registration fees, materials etc.)

Is this a new or existing program/project? _____

Does the program/project serve a particular demographic or community of youth (low income, special needs etc.)

How will the funding assist youth? Please indicate the outcomes you are hoping to achieve:

In what geographical area are the participants from? _____

How many youth will benefit from the program/project annually? _____

Define the age group: Children (6-12) _____ Teens (13-19) _____ Other: _____

What dollar amount are you applying for? _____ (Maximum \$5,000)

Explain how this funding would be used: _____

What is the cost of the project:

How much money have you already raised? _____

List other funders or partners:

Is this a one-time or annual request? _____

***Note that one time acceptance does not guarantee approval of future requests.**

If not a registered charity, please describe the status of your organization.(Service group etc.)

If approved, how will Big Brothers – Big Sisters of Colchester financial contribution be recognized?

If approved, to whom should the cheque be made payable:

If approved please provide the name of the person who will be responsible for completing the final report accounting for the use of the money?

A complete mailing address & phone # of the company/organization named above is required:

Your signature below indicates approval for this application to be submitted to the Board of Directors, Big Brothers – Big Sisters of Colchester for consideration.

Signature of person applying: _____ Date: _____

Helping Others Grant Application

Date Received: _____ Date reviewed by Board of Directors: _____

Decision: _____ Amount Approved: _____

Applicant Informed: _____ Date Payment Made: _____

Cheque #: _____ Made out to: _____