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**2018-2019 FUNDING APPLICATION QUESTIONNAIRE**

Please answer each of the following questions, be as succinct as possible in your answers; one to two paragraphs should be sufficient. In the case where you cannot respond to a specific question, please explain why.

1. **BASIC INFORMATION**

|  |  |  |
| --- | --- | --- |
|  | Name of Organization  (If applicable) |  |
|  | Charitable number  (If applicable) |  |
|  | Contact Name and Position |  |
|  | Short bio of program leader (200 words max.) |  |
|  | Email |  |
|  | Phone |  |
|  | Extension |  |
|  | Website |  |
|  | Address |  |
|  | City |  |
|  | Province |  |
|  | Postal Code |  |
|  | Organization’s Mission |  |

**2. PROJECT DESCRIPTION**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Project title |  | |
|  | Describe your program or project and its objective |  | |
|  | Describe the format of the project: (i.e. play, film, course, etc.) |  | |
|  | Explain who is/are the target group/s reached |  | |
|  | How does the program meet the grant criteria? |  | |
|  | Marketing: Please explain your marketing plan and strategy, including your methods of outreach and distribution |  | |
|  | What would you consider success for this program? How will you assess that success? |  | |
|  | Please provide a rough timeline of the project activities, keeping in mind that completion must occur within 12 months from receipt of funds. Provide specific dates and times for events already planned: |  | |
|  | If you plan to collaborate with other organizations, programs, or groups, please provide details |  | |
|  | Explain how this grant is essential to your program’s success |  | |
|  | How did you hear about this funding opportunity? |  | |
|  | Is there anything else you would like to add to be considered in review of this project? |  | |
|  | Would you be interested in benefitting from training opportunities in the following areas?  (check off interested area) | Fundraising |  |
| Program Evaluation |  |
| Governance |  |
| Other (please specify) |  |

**3. PROJECTED PROGRAM BUDGET**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **2017-2017 Actuals\*** | **2017-2018 Actuals\*** | **2018-2019 Request** |
| **EXPENSES** | | | |
| **(A) STAFF COSTS** |  |  |  |
| Professional Staff (including benefits) |  |  |  |
| Support Staff (including benefits) |  |  |  |
| **TOTAL STAFF COST (A)** |  |  |  |
| **(B) OTHER COSTS** (Please itemize) |  |  |  |
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|  |  |  |  |
|  |  |  |  |
| **TOTAL OTHER COSTS (B)** |  |  |  |
| **(C)TOTAL PROGRAM COSTS (A+B=C)** |  |  |  |
| **INCOME** | | | |
| **(D) INCOME** (Please itemize) |  |  |  |
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|  |  |  |  |
| **TOTAL INCOME (D)** |  |  |  |
| **(E) NET SURPLUS/DEFICIT (D-C=E)** |  |  |  |
| **TOTAL AMOUNT REQUESTED** |  |  |  |

\*If program already existed