



Family & Friends Community Foundation Inc.  
Attention: Cheryl Kotzer, Program Administrator  
Box 800, Langenburg, SK, SoA 2A

Contact Person:

Title:

Name of Organization:

Charitable Registration #:

Telephone:

Fax:

Address:

Project Title:

**Brief Description of Your Organization’s Goals and Mission:**

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**Brief Description of Project:**

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**Benefits To The Community:**

a. Who will benefit? (age, sex, group)

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b. How many will benefit?

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- c. Is there any potential to involve other community groups in this project? (cost sharing, resource sharing, etc)

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**Timeline:**

- a. What are the projected start-up and completion dates of the project?

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- b. When are the funds required?

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**Organizational Structure:**

Please provide the names of your board of directors, executive or committee members.

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**Financial Summary:**

Total Cost of Project \$ \_\_\_\_\_

Amount of Grant Requested \$ \_\_\_\_\_

Funds from Other Contributors \$ \_\_\_\_\_

Funds Raised Thus Far \$ \_\_\_\_\_

Additional Financial Information:

Please Attach To This Application:

- 1) Most recent annual financial statement;
- 2) Current operating budget.

*We certify that this application has been reviewed and authorized by the Board of Directors of the organization listed above.*

_____	_____
Name of Contact	Signature

_____	_____
Name of Contact	Signature

\_\_\_\_\_

Date

Please Submit Your Application Before December 31  
to: Family & Friends Community Foundation Inc.  
Attn: Cheryl Kotzer, Program Administrator Box 800,  
Langenburg, SK SoA 2A0  
Web: [www.familyandfriendsfoundation.com](http://www.familyandfriendsfoundation.com)