



## Capital Grant Application Form

Organizations Legal Name: \_\_\_\_\_

Organizations Operating Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title of Contact Person: \_\_\_\_\_

Registered Charity Number or Registered Business Number: \_\_\_\_\_

BC Society Number: \_\_\_\_\_

Project Title: \_\_\_\_\_

Project Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Plan of Action: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

Total Project Budget: (please attach)

Financial Statement for last Current Year: (please attach)

Operating Budget for Current Year: (please attach)

Mandate and Activities of your Organization: \_\_\_\_\_

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Goals and Objectives of the Project: \_\_\_\_\_

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Board of Directors: (please attach list with titles)

Staff List: (please attach list with titles)

Authorized Signature: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Date: \_\_\_\_\_