



## Grant Application – Bereavement Fund

This Grant Application must be submitted by **March 14, 2025** to be eligible for consideration. Please submit by email to [foundation@givingthatgrows.com](mailto:foundation@givingthatgrows.com).

### 1. Basic Organization Information

a. Organization Name:	
b. Mailing Address:	
c. Telephone:	
d. Website:	
e. Charitable Registration Number:	

### 2. Contact Information

a. Contact Name	
b. Title:	
c. Telephone:	
d. Email:	

### 3. Detailed Organization Information

a. Briefly describe the organization – include its vision, mission, mandate, main programs, services and/or activities.	
b. How many paid employees (full-time equivalents) does the organization have?	



c. What is the organization's annual budget?	
d. Provide the accumulated surplus/deficit (please indicate deficit using a negative number) for the most recent fiscal year.	

e. Additional comments explaining the organization's financial situation.	
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**4. Project Proposal Details**

a. State the grant amount requested (up to \$5,000 for general causes and up to \$1,500 in support of bereavement).	
b. Tell us how the Foundation's support can help your organization to grow and develop the community. Be as specific as you can be about the proposed project. (Please include in your response the project's goals, objectives, and anticipated outcomes).	



c. Indicate the date by which you anticipate completing this project. (Opportunities must be completed by 18-24 months).	
d. Provide a detailed breakdown of how the funds would be spent (i.e. project budget)	

**5. Additional Information**

a. Is the organization seeking additional sources of funding for this project?	
If yes, indicate the other sources of funding being sought and the anticipated date that the source will be confirmed.	



b. If the overall project budget requires resources from other funders, please indicate what contingency plan is in place should those funds not be available.	
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**6. Organizational Endorsement**

We would like to ensure the proposed project is endorsed by the organization. Please have the organization's Board Chair review the submission and then provide his/her name below as the application endorser.

The information provided in this application is accurate to the best of my knowledge, and I support this project's candidacy for a Pembroke Petawawa and District Community Foundation Grant.

Board Chair Name:	
Board Chair Title:	
Board Chair Telephone:	
Board Chair Email:	

**7. Attachments**

Please do not include any additional materials such as annual reports, financial statements, brochures, DVDs, CDs, letters of support, etc. If the Community Foundation requires any additional information we'll ask.