



GraceKennedy Foundation
GRANT APPLICATION FORM

Please complete all questions contained in this form. Incomplete applications will not be processed.

Name of Organisation:	
Type of organisation:	

Address:					
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P.O. Box		City:		E-mail:	
Telephone:		Cell#:		Fax#:	

What is the Mission/Purpose of the Organisation?

Date Established:		Name of Primary Contact Person:	
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Names of members of Board of Directors and Officers: *(Please fill in the names in the spaces below)*

Describe the project for which support is sought, including its purpose and goals:

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Describe the involvement of members of your community and other organisations in the development and implementation of the project

Cite evidence of need for the project, stating its significance to the community

Indicate how you will measure the success of the project and how it will strengthen the community



Please type any additional information in the space provided below



How many people will benefit directly from this project?					
What is the amount being requested?			Over what period?		
Please provide a detailed budget indicating costs by category and including copies of at least two quotations for capital acquisitions.					
Activity	Unit Cost	Quantity	Own/Other Funds to be invested	Requested from GKF	Total Cost
TOTAL J\$					
Project Start Date:			Project End Date:		
Indicate other funding sources approached for support and responses to date:					
Provide evidence of your organisation's capacity to use the requested funds.					
This application must be signed by a Member of the Board of Directors of your organisation. (Chair/President/Vice president or Treasurer)					
Signature			Title		

For Foundation Use Only

Application number: _____

Date received: ____/____/____ Board Meeting date: ____/____/____

Status: _____ Amount Approved: _____