

Fergusson Foundation Grants Program - Application Form

Date Submitted:

Name of Organization:

Address:

Tel. (work): Fax:

E-mail:

Name of Contact Person:

Role/responsibility (relationship with organization):

Tel. (home): Tel. (work):

Fax: E-mail:

Please complete the following:

a. What is the charitable number of the applicant as provided by Revenue Canada?

b. What is the name/title of the project?

c. In 500 words or less, please describe the project/event/initiative, including:

- How it responds to the goals and objectives of the Fergusson Foundation;
- The desired outcomes and anticipated impact;
- The possible contribution to addressing family violence in the local community; and
- The potential for long-term sustainability.

You may attach this description as an appendix if you require additional space.

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d. What is the duration/time frame of the project? Please include the projected start and finish dates.

e. What is the geographical impact?

f. In what language is the project offered?

g. What is the amount of the grant being requested? Please provide a detailed budget for the project, including all financial contributions.

h. What is your organization's main source of funding?

i. Are you receiving funding or have you applied for other funding to support this particular project? Yes No

If yes, please provide details in the space provided or attach as an appendix.

j. Please include letter(s) of support from a community organization.

k. Please mail a hard copy of the organization's most recent audited financial statements, a copy of the annual report, and nine copies of this application and any other supporting documents to the Foundation office by the due date:

Fergusson Foundation
P.O. Box 4400 - UNB Campus
Fredericton, NB
E3B 5A3

Along with the hard copies of the application, please save form with your organization's name as the subject (in pdf format) and e-mail to mmff@unb.ca.