



Application for the CFNL Smart & Caring Community Fund

Before you begin, we encourage you to review the grant guidelines and criteria. If you have questions, please e-mail us at info@cfnl.ca.

Information about your organization:

Organization Name:

Charitable Registration Number or CRA Designation of the Lead Organization:

Please provide your 15-digit CRA number or indicate if you are a municipality.

Name and Title of Key Contact:

Mailing Address:

Phone:

E-mail:

Mission/Mandate:

What region is your organization located in:

- Northeast Avalon/St. John's Metro Area
- Eastern
- Central
- Western
- Labrador



Number of full time/part time staff:

Full time

Part time

How many volunteers do you have?

Please indicate the communities your organization works in:

Tell us about the project you are applying for:

Amount requested: \$ _____ (up to \$2,000)

Title of Project or Initiative:

Grants provided through the Smart & Caring Community Fund are designed to support a wide range of community enrichment programs across the province that are having direct and lasting impact. Please select which focus area your program or initiative falls within:

Health

Education

Environment

Arts and Cultural Heritage

Civic Action and Engagement

Indicate the community or communities this project will impact:

Please include whether this is a project that is having regional impact.

Are you collaborating with other organizations on this project? If so, who?



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Project description:

Please include in the project description the purpose of the project, what need it is designed to meet, how many people it will engage, and how it will impact the community.



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Start date of the project:

End date of the project:



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Tell us three outcomes you expect to achieve through this project:

How will you measure the outcomes you indicated?

Are there others in your community working on this issue? If so, who?



Your project budget:

Expenses:

Direct program expense	\$
Salaries	\$
Travel	\$
Marketing/Advertising	\$
Administration	\$
Other	\$

Provide details of what is included in other:

Total expenses for this project: \$

Revenues:

Individual donors	\$
Foundations	\$
Corporations	\$
Government	\$
User fees	\$
Other sources of revenue	\$

Provide details of what is included in other:

Total anticipated revenues for this project: \$

Projected Confirmed

Percentage of project requested from CFNL: %

Is additional funding required in the future to sustain your project? If so, how will you secure this funding?



Is there anything else we should know?

How will you recognize the donation from CFNL?

Verification:

We certify that this application has been reviewed and approved by the Board of Directors of the organization. If the project described in this application is funded, we agree to submit a final project report one year after receiving the cheque describing the use of the funds and the project outcomes.

Signing Officer Signature:

Date:

Name:

Position at organization:

Phone Number:

E-mail Address:

Please include the following information with your completed application:

List of Board of Directors

Most recent reviewed or audited financial statements



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Application Submission:

Please submit your completed application and required attachments to info@cfnl.ca.

Do you have questions or need advice?

E-mail: info@cfnl.ca

Phone: 709-753-9899