



## HERITAGE GREEN COMMUNITY TRUST

### GRANT APPLICATION

**\*Persons or organizations applying for grants are strongly encouraged to use this grant application and grant guidelines document. If any additional space is required, attach to this application the additional information required on separate sheets.**

**\* Please read the guidelines carefully when applying for grants as the Heritage Green Community Trust can only provide funding to organizations that qualify within specific limits.**

**\*Any organization receiving a grant from the Heritage Green Community Trust will be ineligible for further grants for a period of three (3) years from the date of receipt of the grant. Grant recipients will be required to comply with terms and conditions as set out in Guidelines for Grantseekers document.**

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#### APPLICANT ORGANIZATION

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone & Fax Number \_\_\_\_\_

Contact or Project Manager \_\_\_\_\_

Charitable Registration (if any) \_\_\_\_\_

Date of Founding \_\_\_\_\_

Mission Statement/Statement of Purpose (if any) \_\_\_\_\_

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Service boundaries (where do you provide services) \_\_\_\_\_

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History of organization \_\_\_\_\_

List of Current Board Members and Officers including addresses, telephone numbers & positions

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of paid staff (full-time and part-time if any) \_\_\_\_\_

Number of volunteers (involved in the organization) \_\_\_\_\_

**AUTHORIZATION**

I hereby certify that the making of this application has been approved by

Date:

\_\_\_\_\_.

Witness:

**THE PROJECT**

Describe the project for which a Grant from the Heritage Green Community Trust is requested. You may wish to give your project a title or name. \_\_\_\_\_

\_\_\_\_\_

Amount requested from the Heritage Green Community Trust Fund:

\_\_\_\_\_

Total amount required for the project. Will other funding be required to complete this project?\_\_

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When will the funds be required?\_\_\_\_\_

Have funds been previously received from the Heritage Green Community Trust Fund? If so, when were they received?

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Amounts received from other funding sources (identify source and amount)?

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Who will receive the money and to who will the cheque be payable if funding is received from the Trust?

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Please provide a Budget for the project (on a separate document).\_\_\_\_\_

Describe the short term and long term results/benefits of the project?\_\_\_\_\_

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What are the barriers to these anticipated results/benefits and how will they be overcome?\_\_\_\_\_

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Who will be served by this project? This project must directly benefit the Community of Upper Stoney Creek to qualify for funding.\_\_\_\_\_

How many people will be served?\_\_\_\_\_

Are any other Organizations involved in the project?\_\_\_\_\_

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How/when is the project to be implemented?\_\_\_\_\_

Proposed start-up and completion dates \_\_\_\_\_

How will the project will be monitored and the results evaluated? \_\_\_\_\_

Provide references from the Community \_\_\_\_\_

**DOCUMENTS TO BE INCLUDED WITH THE APPLICATION**

- ! Copy of the most recent (audited) financial statements
- ! Copy of the current annual budget, the most recent monthly/quarterly operating statement and the budget for this project (including list of expenditures and revenue if applicable)
- ! Copy of the incorporation document, where applicable
- ! Copy of the document confirming charitable registration status, where applicable
- ! Copy of the latest annual report and/or general information brochure
- ! Document listing how the organization intends to publicize the funding received from the Heritage Green Community Trust

\*\*\*\* Completed applications can be sent to:

Ms. Kim Bailey, Trust Administrator  
Heritage Green Community Trust  
c/o Newalta Stoney Creek Landfill  
65 Green Mountain Road W.  
Stoney Creek, Ontario  
L8J 1X5  
Telephone: (905) 548-5877  
E-mail: [HGCT@newalta.com](mailto:HGCT@newalta.com)