

The Organization

The Organization

Applicant Organization*

Address

Street Address*

Street Address Line 2*

City*

Postal Code*

Country*

Organization Phone Number

Website

Charitable Registration Number (this should be 15 characters)*

Contact First Name*

Contact Last Name*

Contact Title*

Contact Phone Number*

Contact Email*

Clearly state the mission and activities of the organization*

Years in Operation*

Has your organization received monies from us in the past?*

Yes
No

If yes, what amount(s), in what year(s) and what project(s)

For Preview Only

*- required

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The Project

The Project

Project Title*

Total Project Cost*

\$ CAD

Amount requested in this application (Maximum General Community and Youth \$5,000 ; Special Needs \$10,000)**

\$ CAD

If this application is not successful, will the project proceed?

Yes

No

Are you applying for a grant to other organizations for this project?*

Yes

No

Under which category are you applying?*

Are you partnering/working with other organization to deliver this project?*

Yes

No

If yes, please list the organization(s) here

If yes, please attach proof of partnership(s) below

Project start date*

Project end date*

Please provide a description of your project, stating goals and projected outcomes.*

Briefly state your organization's vision of how this project will contribute to the community of Surrey and its residents.*

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The Project (Continued)

The Project (Continued)

How has the need for this project been evaluated?*

What will the money requested in this application be used for? (the information will be shared publicly on SurreyCares social media channels) (you will need to attach the detailed budget for the project at the end of this application)*

How will this project align with the values of diversity, equity and inclusion?*

The population(s) you're seeking to serve

- Adults
- Below Poverty level
- Caregivers
- Children and Youth
- Economically Disadvantaged People
- Ethnic and racial groups
- Families
- Homeless
- Immigrants and Refugees
- Incarcerated People
- Indigenous
- LGBTQ2+
- Men
- Other
- People with Disabilities and Special Needs
- People with Health Challenges
- Seniors
- Veteran
- Victims and Oppressed People
- Women
- Youth
- Youth at Risk

How will individuals representative of the population(s) you're seeking to serve, be involved in the decision making and delivery of your project.*

Approximately how many Surrey residents will benefit from this project? (e.g service recipients, volunteers)*

How will the success of the project be evaluated?*

Please use this space to provide any additional information you would like regarding the project.

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Documents Checklist

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Project Budget (include any in-kind donations)

List of Board of Directors

Financial Statements for the prior year

Operating Budget for current year

Upload your documents

Add File...

Email

Terms of Service*

I confirm, that I am authorized to submit this application on the behalf of the organization.

AUTHORIZATION: I/WE UNDERSTAND THAT AS THE APPLICANT ORGANIZATION WE ARE RESPONSIBLE FOR THE GRANT MONIES AND FOR THE SUCCESSFUL COMPLETION OF THE PROJECT. WE ALSO CERTIFY THAT THIS APPLICATION FOR FUNDS HAS OFFICIAL APPROVAL FROM THE BOARD OF DIRECTORS. I/WE UNDERSTAND THAT SHOULD WE RECEIVE A GRANT FROM SURREYCARES COMMUNITY FOUNDATION, WE ARE REQUIRED TO SUBMIT A FINAL REPORT NO LATER THAN NOVEMBER 30, 2021. THE REPORTING DOCUMENT WILL BE PROVIDED BY THE FOUNDATION AND IS INTENDED TO HELP THE FOUNDATION BETTER UNDERSTAND THE VALUE OF ITS GRANTS TO THE COMMUNITY. I/WE UNDERSTAND THAT A REPRESENTATIVE FROM OUR ORGANIZATION WILL BE REQUIRED TO ATTEND SURREYCARES GRANT RECOGNITION CEREMONY.

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Submit

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