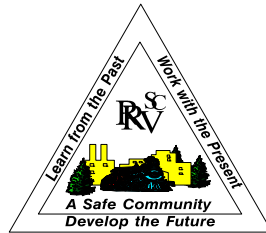




Funding Request



Funding Application

Application information must be completed in full. Please ensure the information is accurate, clear and concise.

Part A – About your Group

Name of Group	
Mailing Address	
Contact Information	Name: _____ Address: _____ _____ Phone: _____ Fax: _____
Website (if applicable)	
Group Mandate	
Number of members	

Part B – About your Project (the areas below will font down to allow for your documentation)

Project Name:
Identify your project Goal(s)?
Explain how your project meets one of our Priorities:
Explain how your project falls within our Safe Communities Goals:
What prompted you to undertake this project endeavour? (Give statistics, research and/or any other information that lead you to identify a need for such a program)
Identify the target group(s) for your project?
What are the dates for your project?
What community(s) will be involved in this project?
Estimate the total number of participants

Your Groups Contributions				
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Part D – Detailed Project Budget

Item	(From SCRRD)		(Other Sources and your Group)	
	Requested Funding	Cash \$\$	In-Kind \$\$	What is the Total Item Cost?
Administration Costs _____ _____				
Materials & Supplies _____ _____				
Printing & Advertising _____ _____				
Utilities/Rent _____				
Fees for service _____				
Capital _____				
Other _____ _____ _____				
Total				

Please ensure the totals of the rows and columns are accurate.

If there are unused resources following the completion of your project, please explain what you will do with these resources (money, hand outs etc)

Signing this application confirms an agreement between the applicant and Safe Communities Rainy River District that:

- All information provided in this application is true and accurate
- No substantial changes will be made to the project or activities without contacting Safe Communities Rainy River District
- Project will commence and end as described.
- The money received will be used solely for the described project.
- Within 30 days of the project completion, a written report outlining a description of the program delivery, evaluation methods and processes, outcomes and project budget will be submitted to the Safe Communities Rainy River District Administrative Coordinator.
- A presentation to the Board may be requested.
- Programs may be shared with other Safe Communities through the collaboration process of designated communities.
- Safe Communities Rainy River District reserves the right to terminate this agreement at any time if:
 1. The applicant is in breach of any obligations
 2. The applicant ceases to carry out the project
 3. Any materially false or misleading information have been provided

If termination occurs, all monies must be returned to Safe Communities Rainy river district within 30 days of termination notice.

Part E – Signing Authority

Applicant Name	Position/Title	Signature	Date (yyyy/mm/dd)

Part F – Approval Process

Application is: Approved Not Approved	Date of Application Review (yyyy/mm/dd)
Period for project	From _____ To _____ (yyyy/mm/dd) (yyyy/mm/dd)
Amount Requested	Amount Approved

Comments:	
Signature of Chair:	Date: (yyyy/mm/dd)
_____	_____