**Compassion in Action Transferable Fund**

 **Grant Application Form**

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| Organization Name: |  |
| Address: |  |
| Phone Number: |  |
| Email Address: |  |
| Executive Director/CEO: |  |
| Applicant Contact:(if different from above) |  |
| CRA Registration Number: |  |
| Amount Requested: |  |

**Please answer the following questions in a concise manner following this format:**

1. Provide a brief description of your organization’s history, mandate, goals and achievements.
2. How large is your organization (number of paid staff, volunteers, number of people served)?
3. What other organizations provide similar services in your community, and what is your relationship with them?
4. Please provide a description of the project/program you are applying for, including a timeline.
5. Describe the desired impact and benefits to the recipients.
6. If this is a continuing project/program, indicate when it was established, how it has been funded and what success you have had to date.
7. Please identify any other funding sources required for this project/program and indicate whether the money is committed.
8. Is this project/program part of a larger overall undertaking, and if so how do you plan to fund the undertaking?

**Please attach the following documents to your application:**

* A project/program budget.
* A copy of your organization’s most recent annual financial statement (operating statement and balance sheet).

**\*\*Applications without the above information and materials will be considered incomplete\*\***

The Grant Committee of the Compassion in Action Transferable Fund will consider grant applications submitted by March 15 and by October 15 in each calendar year. **Complete applications should be submitted electronically in PDF file format to the following email address:** compassioninactionfund@gmail.com **.**