

# CITY of BRANTFORD GRANT APPLICATION

## BRANTFORD COMMUNITY EMERGENCY GRANT PROGRAM



Return 2 copies application and 1 copy of supporting material to:

Brant Community Foundation  
30 Brant Avenue  
Brantford, Ontario  
N3T 3G6  
Tel: (519) 756-2499

*The City of Brantford grant program is administered by the Brant Community Foundation (BCF). This application and all information received from the applicant will form part of the minutes and records of the BCF which may be subject to review by the public. No information supplied can be considered confidential and the applicant expressly consents to release of information by the BCF regarding applications received, decisions made and other matters relating to the granting process.*

Name of Organization or Applicant: \_\_\_\_\_

Make cheque payable to (if different from above): \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_ Signature: \_\_\_\_\_

Telephone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_

Title: \_\_\_\_\_ Signature: \_\_\_\_\_

Telephone: \_\_\_\_\_ e-mail: \_\_\_\_\_

**Purpose of grants program:** This program was created to provide one-time emergency assistance for organizations experiencing an unusual situation requiring funding. Maximum available is \$20,000.00. **Funding Criteria:** 1) Benefit to the Community; 2) Ability of Applicant to carry out the proposed program; 3) Significant Need for Emergency Funding; 4) Probability of Sustainability beyond Funding Period. Applications are routinely reviewed after the end of March, June, September and December. If funding is urgently needed, a special meeting will be held to review request.

## About Your Organization

Briefly state the purpose of your organization and what services it provides to the community as related to this request

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## Funding Request

Please provide a description of what you are requesting emergency funding for.

Why is this an emergency? What impact will this situation have on your programs or services?

Amount Requested and List of Items / Services Needed: (attach quotes) Do you have other funding sources available?

Applications are routinely reviewed after the end of March, June, September and December. If funding is urgently needed, a special meeting will be held to review request. **Does this application require priority review?**

**Please attach any additional information you feel is relevant to your request. You will be contacted if additional information is required.**