



Continuous Grant Application – No Deadline Grant Application Guidelines

Submit Application to:

thepasquiatrust.carrotriver@sasktel.net

OR to Box 144 Carrot River, Saskatchewan S0E 0L0

Please review these guidelines before submitting a grant application to The Pasquia Trust.

1. Only community-based organizations in the partner municipalities are eligible for grants from the Trust.
2. Organizations must demonstrate a strong and committed board, fiscal responsibility and effective management.
3. Projects must benefit primarily the people of the partner municipalities.
4. Applicants must establish that there is a need for the project and that other funding is available.
5. Grants will be awarded for specific projects covering a specific period of time. The recipient must evaluate the project, provide evidence of its outcomes, and report back to the Trust. Failure to complete the evaluation would exclude the applicant from receiving future grants.
Multi-year grants may be subject to periodic performance reviews and must not be in default of granting requirements from previous years.
6. Pilot or demonstration projects must include a realistic plan for financial viability beyond the pilot stage.
7. Matching or challenge grants may be made in appropriate circumstances, to stimulate response from other sources.

Preference will be given to projects that:

1. Benefit the whole community; encourage more efficient use of community resources.
2. Demonstrate new approaches and techniques in the solution of community problems.
3. Promote cooperation and sharing among organizations.
4. Eliminate or minimize duplication of services.
5. Promote volunteer participation.

Grants will not be made to:

1. Individuals
2. Annual fund drives
3. Support operating expenses of established agencies or programs
4. Pay down mortgages or reduce deficits
5. Senior governmental activity
6. Projects already completed
7. Political activities
8. Direct religious activities

Grant Application

Part One: Your Organization

Name of organization: _____

Organization address: _____

Primary contact person: _____

Phone _____ E-mail _____

Purpose of the Organization: _____

What service does the Organization provide to the community:

List the Board of Directors:

Preferred Contact Info:
(Phone # or email address)

Chairperson: _____

Secretary: _____

Treasurer: _____

Additional Board Members:

Who are the major funders of operations of you organization?

Part Two: Your Project

Project Title: _____

Total cost of project \$ _____ **Amount requested:** _____

Project is: New _____ Existing _____

Describe what the funds would be used for [attach additional page[s] if necessary]:

Describe how this project would benefit the community (Cite evidence of a need for this project, stating its significance to the community):

How will you measure the success of this project?

Identify sources of financial support for any ongoing operational costs:

Describe the involvement of members of the community and other organizations in the development and implementation of the project:

Is funding being sought from other sources? YES /NO If Yes - please list below:

_____ **Amount \$** _____ **Approved? Yes** _____ **No** _____

_____ **Amount \$** _____ **Approved? Yes** _____ **No** _____

_____ **Amount \$** _____ **Approved? Yes** _____ **No** _____

Applicant's signature _____ **Date** _____

Part Three: Your Budget

Project Title: _____

1. Estimated Revenue:

Specify Source:

Fees:	\$ _____	_____
Donations:	_____	_____
Earned Revenues	_____	_____
Fundraising	_____	_____
Other Grants	_____	_____
TPT Grant Applied For	_____	_____
Other	_____	_____
	_____	_____

TOTAL REVENUE: \$ _____

2. Estimated Expenses:

Salaries/fees/honouraria	\$ _____	
Printing	_____	
Materials/supplies	_____	
Adv/Promtn	_____	
Office Expenses	_____	<i>Specify:</i>
Other	_____	_____
	_____	_____

TOTAL EXPENSES: \$ _____

3. Other:

Do you have a reserve fund? YES/NO If yes, Amount? \$ _____
Is it designated for a specific purpose? YES/NO If yes, What is the purpose? _____

Applicant's Signature: _____ Date _____

Applicant Printed Name: _____