



REGIONAL CONTRIBUTION INITIATIVES APPLICATION

Please complete the following application in as much detail as possible, attach additional pages as needed. **Also include a copy of your current year's annual operating budget.**

A. ORGANIZATION OR GROUP

Name of Organization or Group

Address and phone number of Organization or Group

Legal Structure of Organization or Group (profit / non-profit / local government / first nations / community cooperative / etc)

Mission Statement or Purpose of Organization or Group

Brief History of Organization or Group (Age, Past Projects, Successes or Failures, Who your organization has benefited in recent years)

Does your organization overlap any other local agencies services? If so, please explain.

Is any of the income generated by your organization made payable to or available for the personal benefit of any proprietor, member, volunteer or shareholder of the organization?
(Other than paid staff)

B. ADMINISTRATION

Contact Person's Name, Address, Telephone, Fax

Are your board members volunteer or paid? Please give details.

Please report the number of volunteers in your organization and number of volunteer hours worked. (not including board members)

Please report the number of paid management & staff members, total hours worked and total salaries paid on a yearly basis. (not including board members)

C. PROJECT

Describe the Project?

What is the length of the Project?

What are the Goals and Objectives of the Project?

Are there any benefits to the local area? If so, what are they?

Will this project create employment in the local area?

D. PROJECT COSTS

What will be the total cost of the project?

How much money are you applying for from Community Futures?

Please list any other partnerships that will be contributing funding (cash or in-kind) to this project.

LIST PARTNERS	IN-KIND	CONTRIBUTIONS
Your Organization		\$
Community Futures		\$
		\$
		\$
		\$
TOTAL COST OF PROJECT		\$

The information included in this application is true and correct to the best of my knowledge

Authorized Signatory

Date

Print Name and Title