

Boissevain and Morton
FOUNDATION

Boissevain and Morton Foundation
Box 1075, Boissevain, Manitoba R0K 0E0
Ph: 1-204-534-8161 email: bmf1975@gmail.com
boissevainmortonfoundation.ca

Thank you for considering applying for a grant from the Boissevain and Morton Foundation. Please *read these instructions* that will help make the application process go smoother. *Confirm you have all parts* to this application: **Form A (2 pages), B, C, and D** and all other required documentation.

Applications that benefit the citizens of the Municipality of Boissevain and Morton will only be considered.

Grants are awarded for definite purposes and projects must be completed by August 31. At that time receipts/bills supporting your grant and a high-resolution photo of the completed project must be submitted to the Foundation office. You are also required to publicly recognize the Foundations contribution at your own expense.

Objectives of the Boissevain and Morton Foundation are:

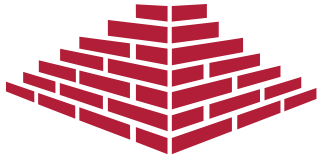
1. To support family well being
2. To promote the development of children, youth and seniors' program.
3. To assist and promote the arts, culture, heritage and sports activities.
4. To advance education
5. To support and advance the provision of health services
6. To support the enhancement and protection of the environment.
7. To support social programs
8. To support and advance other community activities or facilities of a charitable nature

Project proposals that are NOT eligible for funding are those that:

1. Support day-to-day operating expenses of established organizations or programs. (including and not limited to: building rent, utility payments, office supplies, staff salaries and wages, etc.)
2. Purchases and expenses already incurred or to retire debit.
3. Establish or add to endowment funds
4. Support religious organizations
5. Promote political activities or support advocacy initiatives.

Please complete all parts of the application Forms A, B, C and D and include 2 signatures as required. We also require an audited financial statement or a most recent bank statement with a financial report (Form D), plus an itemized quote for the project along with this grant application.

Failure to complete all the required documentation may result in your application being denied.



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1. Name of Non-Profit Charity: _____

Charity # _____ (PLEASE submit FORM B.)

If you do not have a charity number you may approach the Municipality office for them to complete this form.

Address: _____

Email: _____

2. Project Description & Objectives: _____

3. Project Significance to the citizens of the Municipality of Bissevain-Morton: _____

Expected Completion Date: _____ (Must be completed by August 31)

4. Amount Requested: _____ (Must complete FORM D)

When are Funds Required?: _____

Total Project Cost: _____

Has your organization applied for and/or received grants from any other sources for this specific project?

No Yes If yes, please specify amount and source:

5. In the event your organization receives less than requested will you be able to continue with the project?
[] No [] Yes If yes please elaborate:

TWO SIGNATURES REQUIRED. This is mandatory to be considered for grant.

(1) _____
Contact name of applicant and title
Signature of applicant
Contact phone # _____

(2) _____
Executive representative name and title
Signature of executive representative

A presentation of grants will be held each November.
If you are successful, you will be notified in writing and
we require 2-3 members from each organization
requesting funding to be in attendance that evening.

Application Deadline: October 8th

Applications may be mailed, postmarked no later than the above deadline to
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