

Regional Contribution

Complete this form in full and attach additional pages if necessary. Before submitting, contact the Community Futures office at 250-392-3626 or email cfdc@cfdccariboo.com to discuss your project and receive feedback.

Projects demonstrating economic benefits to the community will be given priority. Ongoing operational expenses are not eligible.

Applications must be received at least two weeks before the next CFCC Board meeting. Submit by email to cfdc@cfdccariboo.com or deliver it to the CFCC office. If applicable, include your organization's current annual operating budget.

☐ Annual operating budget attached (if applicable)

A. ORGANIZATION OR GROUP INFORMATION

Organization name (cheque will be payable to this name) *

Mailing address *

Email *

Phone number *

Legal structure (e.g., non-profit, for-profit, local government, First Nations or cooperative) *

Mission or purpose of your organization *

Brief history of your organization (year founded, past projects, successes or challenges, and who you serve) *

ORGANIZATION INFORMATION CONTINUED

Does your organization provide services similar to other local agencies?

☐ Yes☐ No

If yes, explain

Does any income go to individuals (e.g., members, volunteers or shareholders), other than paid staff?

☐ Yes☐ No

If yes, explain

B. ADMINISTRATION

Primary contact name *

Mailing address *

Email *

Phone number *

Are your board members paid or volunteer? Please provide details *

Number of volunteers (excluding board members)

Total volunteer hours annually

Number of paid staff (excluding board members)

Total staff hours annually

Total salaries paid annually

C. PROJECT DETAILS

Project title *

Brief description of the project *

Project start date *

Project end date *

Project goals and objectives *

Benefits to the local area *

Will this project create employment?

☐ Yes

☐ No

If yes, explain

How will Community Futures be acknowledged for its support? *

D. DETAILED BUDGET

List each anticipated project expense separately. Attach additional budget information if needed.

Budget item / description	Amount	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

Total budget *

Funding requested from Community Futures *

FUNDING PARTNERS AND CONTRIBUTIONS

List confirmed or anticipated funding partners and identify both in-kind and cash contributions.

Funding partner	In-kind contribution	Cash contribution
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

If applicable, include your organization's current annual operating budget and any additional information that supports the funding request.

☐ Annual operating budget attached

☐ Additional supporting information attached

CERTIFICATION AND SIGNATURES

I certify that the information provided in this application is true and complete to the best of my knowledge.

Authorized signatory's printed name *

Date *

Authorized signatory's handwritten signature

Position or title

Organization