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ADULT EDUCATION GRANT APPLICATION FORM

ORGANIZATION INFORMATION

Name of Organization:

Address:

Telephone:

Fax:

E-mail:

Web site:

CCRA Charitable Registration #:

Registration Date:

PRIMARY CONTACT

SECONDARY CONTACT

Miss Ms Mrs. Mr. _____

Miss Ms Mrs. Mr. _____

Last Name:

Last Name:

First Name & Middle Initial:

First Name & Middle Initial:

Position:

Position:

PROJECT INFORMATION

Project Title:

Amount Requested:

Total Project Budget:

Project Summary: (300 words maximum) Please identify what activities/areas the funding is being applied to.

Describe your philosophy of adult education, the role it plays in your organization and provide an example. (300 words maximum)

If this is a collaboration, tell us about your partners:

Name of partner Organizations	Executive director's name	Phone Number
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MANAGEMENT

Please tell us about key employees directly involved with the project.

Name	Title or role	# months/years working for you
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BOARD OF DIRECTORS

Please tell us about your board of directors.

Name your	Board committees (please specify)	# months/years on board
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What is the vision and mission of your organization? How does it relate to the values of the Catherine Donnelly Foundation? (150 words)

DETAILED PROJECT PRESENTATION

The CDF believes that the contemporary role of adult education and learning is to promote active citizenship, democracy, dialogue, personal and social transformation by developing the critical consciousness and skills required to promote a more just, equitable and sustainable society in Canada.

Who will benefit most from the project/program? (150 words)

What are the specific education/learning objectives of the project/program? (200 words)

What key outcomes would make this a successful project/program? (200 words)

How will you engage the beneficiaries of your project/program in learning? (200 words)

What are the key education activities for your program or project during the grant period?

Education Activities

Target date (mo/yr.)

Education Activities	Target date (mo/yr.)

What conditions are critical for success and what factors pose a risk to this project/program?
(200 words)

How is your program/project innovative, radical and replicable? (250 - 500 words)

What is the plan for follow-up and evaluation of the project/program? (150 words)

What else do you think we should know? (150 words)

FINANCIAL INFORMATION

In order to assess your request we need to understand your organization's financial and operating capacities and details about the budget for the project or program you're requesting funds for.

Please provide the following financial information (via attachment):

- **Project financial plan and budget: including itemization of the costs that will be covered by the CDF foundation; itemization of the project's income and other grants or sources of support**
- **Current organization budget listing expense categories and sources of income – both actual and anticipated.**
- **Current Annual Report and Audited Financial Statements.**

Please tell us about your organization's financial management practices (i.e. financial planning, organizational resources, financial operating systems, and financial soundness)? (200 words)

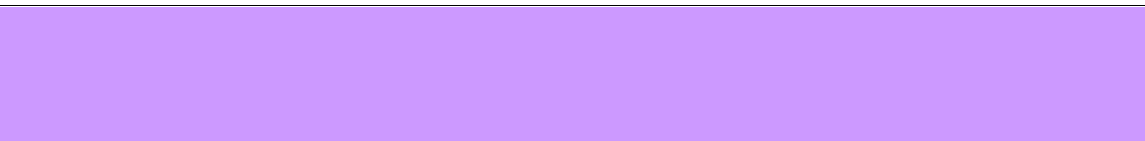
REFERENCES

List the names, addresses and phone numbers of three references who know of your organization's work. You may also provide relevant testimonials. (Indicate whether business or personal and how they know about your organization.)

1. _____

2. _____

3. _____



PLEASE SIGN HERE

By signing this application you confirm that the information provided is complete and accurate to the best of your knowledge. You also authorize the Catherine Donnelly Foundation to use your organization's name and the name of the project you are involved with in order to promote the foundation to other potential grantees.

Please confirm:

- Your organization is the applicant of record for this grant application

Chair of your board of directors

Name (please print) Signature Date (mm/dd/yyyy)

Your Executive director

Name (please print) Signature Date (mm/dd/yyyy)