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HOUSING GRANT APPLICATION FORM	
ORGANIZATION INFORMATION	
Name of Organization:	
Address:	
Telephone:	Fax:
e-mail:	Web site:
CCRA Registration/BN:	Registration Date:
PRIMARY CONTACT	
SECONDARY CONTACT	
<input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> _____	<input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> _____
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: (250 words maximum) Please provide highlights or key points, a brief description of the nature of the activities & objectives.	

If this is a collaboration, tell us about your partners:		
Name of partner Organizations	Executive director's name	Phone Number
MANAGEMENT		
Please tell us about key employees directly involved with the project.		
Name	Title or role	# months/years working for you
BOARD OF DIRECTORS		
Please tell us about your board of directors.		
Name your	Board committees (please specify)	# months/years on board
What is your mission or mandate? How does it relate to the values of the Catherine Donnelly Foundation? (150 words)		

DETAILED PROJECT PRESENTATION

The CDF will consider applications for programs or initiatives intended to assist low-income persons/families within transitional housing settings. The Foundation will also consider projects related to research, education and advocacy designed to address the causes of the scandalous lack of affordable housing in Canada.

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

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

What are the projected results? How will results be measured? (200 words)

What is the contribution by the beneficiaries of the project/program? (150 words)

What are the key milestones for your program or project during the grant period?	
Milestone	Target date (mo/yr.)
What conditions are critical for success and what factors pose a risk to this project/program? (200 words)	
What is the plan for follow-up and evaluation of the project/program? (150 words)	
How is your program/project innovative, radical and replicable? (250 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 that 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. _____

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

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)