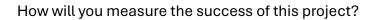
## Morden Area Foundation, Inc **Grant Application Form**



Organization name: Organization address: Organization phone: Organization website:	Organization	email:
Contact name and title (Include contact infor	mation if different from t	he organization):
Mission/purpose of your organization:		
Date Established: Number of employees & volunteers: CRA Charitable Number: Short, descriptive title of the project:		
Funding requested: Total project cost: Planned expenses and timeline (Include a bud	dget for the project):	
Confirmed and unconfirmed sources of reven If MAF can only grant partial funding, would th Your board's resolution date and number auth	ne project proceed?: Ye	
Expand on the project – who will benefit and how, importance of and need for this project, innovative aspects of the project, significance of MAF participating:		
Geographical area and population served:  Which of the following areas of community we	ellbeing does this projec	t address? Check all that apply.
Arts, Culture and heritage Family and Community Services	Food Security Education	Health Environment



**Sport and Recreation** 





Your plans for acknowledging your partnership with the Morden Ar	rea Foundation:
Please submit the organizations most recent income statement a	nd balance sheet.
Please do not submit the following information, but ensure that it is the applicant's budget for the current year.  - A list of the applicant's Directors and Executive.	will be available if requested:
I verify all provided information is accurate and correct:	
Print Name	Position
Signature	Date

Application Deadline for Spring granting is March 31 and for Fall granting is Sept 30

You will be contacted by a member of MAF granting committee and will have an opportunity to participate in an in-person interview.



