



FIG FUND

Registered Charity Number: 775281603RR0001

Grant Application Form

Before you begin, we encourage you to review the grant guidelines and criteria. Our mission is to support programs that assist women and/or girls who need assistance to move ahead. If you have any questions, please email us at gchristmas@nl.rogers.com or thefigfund@gmail.com

Organization name:

Registered Charity Number:

Name and title of application contact:

Mailing address:

Phone number: _____

Email: _____

Your mission/mandate:

Brief history of your organization:

Tell us about the types of projects your organization currently runs:

What region of Newfoundland & Labrador is your organization located in:

Number of full-time staff: _____ Part-time staff: _____ Volunteers: _____

Please indicate the communities your organization works in:

Title of project or initiative:

FIG Fund grant request amount: \$ _____

Project description:

(Please include the purpose of the project and how many people it will engage)

Grants provided through the FIG Fund are designed to support a wide range of community enrichment programs across the province that are having a direct and lasting impact on the lives of women and girls.

Please select which focus area(s) your program or initiative falls within:

- Health**
- Education**
- Arts and Culture/ Heritage**
- Civic Action and Engagement**
- Environment**

Indicate the community or communities this project will impact:

Are you collaborating with other organizations on this project? If so, who?

When will the project begin and end?

What outcomes do you expect to achieve with this project and how will you measure them?

Are there others in your community working on this issue? If so, who?

If additional funding is required to sustain this project, how will it be obtained:

Is there anything else we should know?

Project Budget Sheet

Type	Projected Amount
Total Project Budget	\$
Expenses	\$
Direct Program Expenses	\$
Salaries	\$
Travel	\$
Marketing & Advertising	\$
Administration	\$
Other expenses including: _____ _____	\$
Total Expenses For The Project	\$
Revenues	
Individual Donors	\$
Foundations	\$
Corporations	\$
Government	\$
User Fees	\$
Other Sources of Revenue Including: _____ _____	\$
Total anticipated revenues for this project	\$
Percentage of project requested	_____ %

How will your Organization recognize the donation from The FIG Fund?

If your project is funded by The FIG Fund, do you agree to submit a final project report within one year of receiving the grant?

This should include a review of the project, feedback you have received and photos where appropriate.

- Yes
- No

Signing officer signature: _____

Date: _____

Name: _____

Position at organization: _____

Phone: _____ **Email:** _____

Please submit your completed application form, along with a list of your organization's Board of Directors to:

thefigfund@gmail.com

Thank you!