

Community Foundation of Portage and District Inc.
206 Saskatchewan Ave E
Portage la Prairie, MB, R1N 0K9
info@cfpdi.ca
Phone: 204-856-1971

WOMEN WHO CARE Event Details

When: Thursday February 27, 2020
Where: The Glesby Centre, Portage la Prairie
Time: Doors open at 6:00pm – Program starts at 7pm
Cost: Tickets \$25 – each woman in attendance also commits a \$100 Donation to CFPD

150 Women in attendance, will commit to donating \$100 to CFPD to attend raising a total of \$15,000.

\$10,000 Grant will be awarded to 1 non profit organization that evening

Organizing Committee will select 5 Non Profit organizations from the Portage la Prairie & District to make a five-minute “Pitch” to try and win the \$10,000 Grant

Each woman in attendance will have 1 vote (by ballot) to select the recipient of the \$10,000 Grant

Attendees will receive a \$100 tax receipt directly from the CFPD for their donation

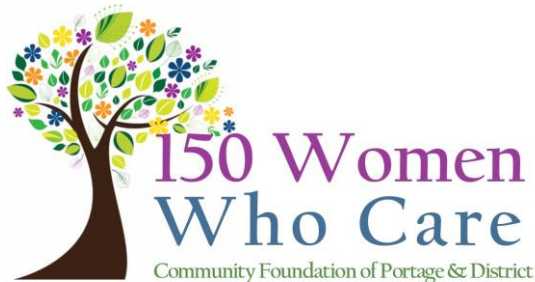
WOMEN WHO CARE GRANT Selection Process

- Applicants must prepare & submit the following application by **January 16, 2019**
- 5 Applicants will be chosen to pitch their project/program at the Women Who Care Event
- Successful Applicants will be notified by February 3rd
- Selected applicants must prepare a **five minute** pitch for the event
- Applicant chosen for the \$10,000 grant will receive the funds immediately
- Grant funds must be used for intended purpose by December 31, 2020

WOMEN WHO CARE GRANT Eligibility Requirements

To ensure eligibility, Applicants are encouraged to carefully review the following Eligibility Guidelines, prior to completing a Women Who Care Grant Application.

1. Project must benefit primarily the citizens of Portage la Prairie and District, **and** support at least one of the CFPD's Objectives.
2. Applicant must be a Qualified Donee or a Non-Profit Organization, as defined under the *Income Tax Act*.
 - a. A **"Qualified Donee"** is an organization that can issue official donation receipts for gifts it receives from individuals, corporations, and charities, for example: A registered charity, a registered Canadian amateur athletic association, a registered housing corporation resident in Canada constituted exclusively to provide low-cost housing for the aged, a registered Canadian municipality, a registered municipal or public body performing a function of government in Canada, or Her Majesty in right of Canada, a province, or territory
 - b. A **"Non-Profit Organization"** is an association, club, or society that is operated exclusively for social welfare, civic improvement, pleasure, recreation, or any other purpose except profit. It is not a charity.
 - c. Grant Funds will only be paid to Qualified Donees. If Applicant is a Non-Profit Organization, Applicant must provide a Letter of Support from a Sponsor Agency who is a Qualified Donee, in a form that is acceptable to the Foundation.
3. Grant application must define a definite purpose(s), cover a specific period of time and reach completion with the \$10,000 grant.
4. If Applicant is partnering with another organization in the Application, Applicant must provide a Letter of Support from the partner organization.
5. Applicant must electronically submit a completed Women Who Care Grant Application including all required supporting documents, on or before the Application Deadline.
6. Successful Applicants will be required to:
 - a. **Attend the Women Who Care Event to "pitch" their idea on February 27, 2020**
 - b. If selected, sign a Grant Agreement confirming the details of the grant;
 - c. Spend the Grant Funds for the approved purpose by December 31, 2020; and
 - d. **Within 90 days of project completion**, submit an Evaluation Report with supporting photos and receipts, in a form required by the CFPD.
7. If Applicant has received previous Grants from the CFPD, Applicant must have abided by all terms and conditions of any past Grant Agreements, including timely submission of a satisfactory Grant Evaluation Report.



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WOMEN WHO CARE GRANT GRANT APPLICATION CHECKLIST

All Applications must include:

- ☐ Completed Application Form

If Applicant Organization is not a "Qualified Donee", Application must also include:

- ☐ Letter of Support from a Sponsor Agency that is a Qualified Donee
(form available online to download)

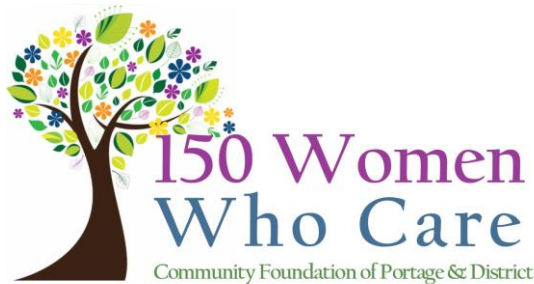
If more than one Organization is submitting the Application, Application must also include:

- ☐ Letter of Support from Partner Applicant Organization
(form available online to download)

**Application Form and all supporting documents to be
submitted by e-mail to: executivedirector@cfpdi.ca**

Application Deadline: January 16, 2020

**YOU ARE RESPONSIBLE FOR ENSURING YOUR APPLICATION IS COMPLETE AND SUBMITTED ON TIME.
INCOMPLETE, LATE, OR PAPER APPLICATIONS WILL NOT BE ACCEPTED.**



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WOMEN WHO CARE GRANT APPLICATION FORM

This Application Form and all supporting documents must be **TYPED** and submitted **ELECTRONICALLY**.
Please refer to the Application Checklist to ensure your Application is complete.

PART 1 - APPLICANT DETAILS

Name of Applicant Organization: _____

Name of Person completing this form: _____

Name of Person making the Pitch at the Event: _____

Organization's Address: _____

City/Town: _____ Postal Code: _____

Telephone: _____ Cell Phone: _____

Email: _____ Website: _____

Years Established: _____ No. of Employees: _____ No. of Board Members: _____

As per Canada Revenue Agency requirements, the CFPD can only pay Grant Funds to a Qualified Donee (see Eligibility Guidelines for examples of Qualified Donees). If Applicant Organization is not a Qualified Donee, Applicant must include a Letter of Support from a Sponsor Agency who is a Qualified Donee and who is prepared to receive funds on behalf of the Applicant Organization. CFPD shall verify all registration numbers.

☐ Applicant Organization is a Qualified Donee, Business Number: _____

- Or -

☐ Applicant Organization has the support of a Sponsor Agency who is a Qualified Donee, who will receive the Grant Funds from the CFPD on behalf of Applicant Organization. A Letter of Support from the Sponsor Agency must accompany this Application (*form available online to download.*)

Sponsor Agency's Business Number: _____

1. Please describe your organization & its purpose in three or four sentences (*Maximum 100 words*)

PART 2 - PROJECT DETAILS

Project Name: _____

Total Project Cost: \$_____ (*project must reach completion with \$10,000 grant*)

(*additional details to be provided in Part 3 – Project Budget*)

Project Start Date:_____ (*project must be completed by August 30, 2019*)

Project supports the following Objectives of the CFPD (*check most relevant Objectives*):

- | | |
|--|--|
| <input type="checkbox"/> Social services | <input type="checkbox"/> Physical fitness and health |
| <input type="checkbox"/> Arts and cultural activities | <input type="checkbox"/> Education |
| <input type="checkbox"/> Medical services | <input type="checkbox"/> Environment |
| <input type="checkbox"/> Child welfare, youth development, and family well-being | |
| <input type="checkbox"/> Other community activities or facilities of a charitable nature | |

1. Provide a description of the project/program you are pitching. (*Maximum 100 words*)

2. Describe how this project/program will impact our community, specifically stating its benefits to City and/or RM of Portage. (*Maximum 100 words*)

PART 3 - PROJECT BUDGET:

Provide a detailed outline of your project budget. Do not include the overall operational expenses of your organization – only the particulars related to the proposed project/program. **NOTE: Total Expenses and Total Revenue must balance.**

Project Expenses	
Item	Amount
Total Expenses: <i>This number must match "Total Revenues" below.</i>	
	\$

Sources of Revenue		Confirmed	Unconfirmed
Requested from the CFPD			
Funding on Hand			
Other sources of Revenue (list)			
Sub Total		\$	\$
Total Revenue: <i>This number must match "Total Expenses" above.</i>			\$

PART 4 – ACKNOWLEDGMENT BY APPLICANT

By submitting this Application, you are acknowledging that:

- You are the person named on page 1 of this Grant Application Form, and you are authorized by the Applicant Organization to submit this Application.
- You have carefully reviewed the Grant Application Checklist to ensure you have included all necessary supporting documents with this Application. You understand it is your responsibility to ensure the Application is complete and electronically submitted on time. You understand that if your Application is incomplete, late, or submitted on paper, it will not be accepted for review.
- If your Application is approved, you give permission, on behalf of the Applicant Organization, for the CFPD to make details of this Application and the Project available to the media, CFPD donors, and the general public.
- If your Application is selected to “pitch” at the Women Who Care Event, you understand that your Organization will be required to:
 - ***Attend the Women Who Care Event to “pitch” their idea on February 27, 2020***
 - If selected, sign a Grant Agreement confirming the details of the grant;
 - Spend the Grant Funds for the approved purpose by December 31, 2020; and
 - ***Within 90 days of project completion***, submit an Evaluation Report with supporting photos and receipts, in a form required by the CFPD.
- You understand that failure to abide by any conditions the CFPD may impose may result in the Grant Funds having to be paid back to the CFPD, and may impact your Organization’s eligibility to receive future Grants from the CFPD.