



St. John's Legacy Foundation Grant Application for Ukrainian Affiliate Organizations

- Ukrainian affiliate organizations of Canada may apply
- Only one application per calendar year
- Grant application deadline is June 1st
- Only completed applications will be considered

CONTACT INFORMATION

ORGANIZATION INFORMATION

Organization Name: _____

Mailing Address: _____

Phone Number: _____ Email Address: _____

Provincial Business Number: _____

CRA Registered Charity Number (if applicable): _____ RR _____

EXECUTIVE OFFICERS CONTACT INFORMATION

	Full Name	Email Address	Phone Number
President/Chair			
Vice President/Vice Chair			
Treasurer			
Secretary			

GRANT APPLICATION PRIMARY CONTACT PERSON:

Full Name: _____

Position: _____

Mailing Address: _____

Phone Number: _____ Mobile Number: _____

Email Address: _____

How long has the organization been in existence: _____

How many members in your Organization: _____

PROJECT INFORMATION

Description of the project (Please attach additional pages if needed):

Project Title:

Project Description:

What are the objectives of the project?

Describe how you plan to implement the project?

Anticipated Project Dates

Start Date:

Completion Date:

Project Categories (Check all that apply)

EDUCATION

RELIGION

CULTURE (ARTS)

OTHER

FINANCING

Amount Requested from St. John's Legacy Foundation:

Your application should include the following documents or supporting information:

- Budget for your project
- List of other organizations providing financial support
- List of individuals providing financial support

ADDITIONAL SUPPORTING DOCUMENTS

Please attach these supporting documents with your application:

- General objectives of your organization
- References: Contact information for references familiar with your work and ability to take on this project
- Reference letters, may be included if available
- Project leader contact information and curriculum vitae or relevant work samples
- Additional information on applicant organization.

Additional application information:

PREVIOUS APPLICATIONS

Please list all the grants you have received, from St. John's Legacy Foundation in the past five (5) years:

Title of Project	Year Applied	Amount Received	Date Final Report Filed

DECLARATION

We acknowledge and agree to the following:

- We confirm that the project information and financial information in this application are true.
- We accept the eligibility conditions and application requirements of this program and agree to abide by the decision of the St. John’s Legacy Foundation.
- We understand and agree that unless we receive a letter from the St. John’s Legacy Foundation awarding grant funding for the purpose(s) set out in the Application, and setting out the amounts and timelines for the payment of the Grant, there is no obligation between the parties.
- We understand and agree that the St. John’s Legacy Foundation may award a Grant for less funding than we have requested in this Application.
- We will use the Grant awarded for the Approved Purpose.
- We confirm any part of the Grant not spent as set out in this Application, or upon termination of this Grant, must be repaid to the St. John’s Legacy Foundation.
- We understand that funding for the project may be terminated upon mutual written consent with 30 days written notice in the event of a breach of any term or condition of this Grant award.
- We understand that the St. John’s Legacy Foundation is subject to the Freedom of Information and Protection of Privacy Act and the above information is protected under the Act.
- We confirm our organization is in full compliance with the directives of the CRA, and with annual corporate filings per provincial requirements Does not apply.

President

Treasurer/Secretary

Print Name

Print Name

Signature

Signature

Date

Date

FOR INTERNAL USE ONLY

Grant File # _____

Client # _____

Date Application Rec’d _____

Amount Approved \$ _____

Date Approved _____

Date Final Report Rec’d _____