

# CHRISTIAN ECONOMIC ASSISTANCE FOUNDATION

PO Box 81120 Fiddlers Green Postal Outlet

Ancaster, ON L9G 3K9 Tel: 905-648-9899 Fax: 905-648-2110 Email: [info@ceaf.ca](mailto:info@ceaf.ca)

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## GENERAL GRANT APPLICATION FORM

1. Applicant Application Date: \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
First year of school operations \_\_\_\_\_

2. Have you previously applied for a grant from CEAF? \_\_\_ Yes \_\_\_ No

If no please provide the following information:

- a) Date of incorporation \_\_\_\_\_
- b) Charitable registration number \_\_\_\_\_
- c) Date charitable registration number received \_\_\_\_\_
- D) Brochure or literature about your organization.

3. Purpose for which funds are requested

Please specify projects and amounts

<u>Description</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total Request \$ \_\_\_\_\_

4. Charitable objectives and/purposes of the organization

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Which communities and how many individuals are served by the organization?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Financial Records

a) Sources of funds for the previous year (list by major type)

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b) Projected expenditures for this (summarize or attach budget)

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c) Is there any change in income sources for this year?

Yes \_\_\_\_\_ No \_\_\_\_\_

d) Is the organization applying for other grants?

Yes \_\_\_\_\_ No \_\_\_\_\_

e) If so, what do you expect to receive and for which projects?

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7. Will this grant create new programs or add additional staff?

Yes \_\_\_\_\_ No \_\_\_\_\_

8. When will the funds be needed? Date: \_\_\_\_\_

9. Does your organization need the entire amount at once?

Yes \_\_\_\_\_ No \_\_\_\_\_

10. Please list phone number, address and name of person to whom CEAF can address questions and correspondence.

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11. Two signatures are required. A responsible official or Board member should sign on behalf of the organization. The second signature should be that of the individual making the request and who can provide additional information.

Signed: \_\_\_\_\_

Signed: \_\_\_\_\_

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Title of Organization Representative

\_\_\_\_\_