

# 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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## SCHOOL PROGRAM 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 \_\_\_\_\_

3. Executive Officers / Directors of the Organization

<u>Name</u>	<u>Position</u>
_____	_____
_____	_____
_____	_____
_____	_____

4. Purpose for which funds are requested: School Year: \_\_\_\_\_

Please specify specific projects and amounts for one or several of the categories listed below.  
Capital expenditures including non-consumables will not be funded. Amounts must agree to budget.

(a) Transportation	_____
(b) Program Project	_____
-specify grade levels or subjects	_____
_____	_____
_____	_____
_____	_____
(c) Bank Charges and Interest	_____
(d) Educational Supplies	_____
(e) Special Education Projects	_____
(f) Building Expenses	_____
(g) Other - please specify _____	_____
(h) _____	_____

Total: \$ \_\_\_\_\_

5. Amount requested - should agree to item 4 \$ \_\_\_\_\_

Note: Approved grant will not exceed 35% of the operating budget.  
Submit a copy of the current year's budget with the first application of the school year.

6. Charitable objectives and/or purposes of the organization (Attach copy of bylaws for first year applicants)

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

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8. Financial Records

a) Sources of funds for the previous year (list by 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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9. Will this grant create new programs or add additional staff?

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

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

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

President

\_\_\_\_\_

Community Development Officer

NOTE : Be sure you have included a copy of the school budget with the first application of the year.