## BOYS & GIRLS CLUB OF CHARLOTTE COUNTY FUNDING APPLICATION

(Administered by the municipality of Eastern Charlotte)

The Boys & Girls Club of Charlotte County is accepting applications to receive funding for local projects through the proceeds of their Gold Rush fundraiser.

## **HOW IT WORKS**

- Completed applications are to be delivered to the municipal office for Eastern Charlotte. Applicants must be a registered non-profit organization and include their Charity Registration Number on the application.
- 2) Disbursement of funds will be made semi-annually based upon the monies provided by Boys & Girls Club of Charlotte County.

*Please choose the disbursement period requested for your application:* 

- □ SUMMER (applications received no later than May 31)
- □ WINTER (applications received no later than November 30)
- 3) Disbursements will be made via cheque prior to June 30 (Summer) and December 31 (Winter).

## □ I have read and understand the application process as described above.

| ORGANIZATION & CONTACT   |   |  |
|--|---|--|
| Group/Organization Name  | Contact Name  |  |
| Group/Organization Charity Registration Number *   | Email   |  |
| If approved, name to display on the cheque   | Position/Title Phone  |  |
| Group/Organization Mailing Address   | Briefly describe the Mission/Purpose of your Group/Organization |  |
| Has your Group/Organization been denied funding on previous applications?     If yes, please give a short account: |   |  |
| Have you received funding through <i>Boys &amp; Girls Club of Charlotte County</i> in previous years?              |   |  |
| Project 1:   | Project 2:  |  |

Initial

| PROJECT INFORMATION  |   |                               |  |
|--|---|-------------------------------|--|
| Name of Project  | Date of Project or<br>Estimated Date of Completion          |                               |  |
| Description of Project   |   |                               |  |
|  |   |                               |  |
|  |   |                               |  |
|  |   |                               |  |
|  |   |                               |  |
| Who will benefit from your project and how will they be impacted by it?  |   |                               |  |
|  |   |                               |  |
|  |   |                               |  |
| How often does this project occur?   | Note: If your project is annual or c                        | ongoing, a new application is |  |
|  | required for each disbursement pe                           |                               |  |
| If your project is ongoing, will you accept a split payment schedule?<br>If yes, please advise you preferred payment schedule: | □ No □ Yes  |                               |  |
|  | # of Payments   |                               |  |
|  | \$ Amount per Payment                                       |                               |  |
| Estimated Total/Annual Cost of Project   | Amount Requested from Boys & Girls Club of Charlotte County |                               |  |
|  | -   |                               |  |
| Describe any other funding source(s) for this project and estimated amo  | unt received from the source(s):                            |                               |  |
|  |   |                               |  |
|  |   |                               |  |
|  |   |                               |  |
|  |   |                               |  |
| AGREEMENT  |   |                               |  |
| By signing below, I certify the information entered above is complete and true. I understand if any                            |   |                               |  |
| information is found to be false this application may be rejected.   |   |                               |  |
| I further acknowledge any funding received through approval of this application is provided by the                             |   |                               |  |
| Boys & Girls Club of Charlotte County's Gold Rush fundraiser, and will attribute it as such if any                             |   |                               |  |
| public acknowledgement of funding is appropriate for my project.   |   |                               |  |
|  |   |                               |  |
| Deinhard Manage  |   |                               |  |
| Printed Name   |   |                               |  |
|  |   |                               |  |
| Signature  | Date  | -                             |  |
| For Office Use Only  |   |                               |  |
| Comments/Notes:  |   |                               |  |
|  |   |                               |  |
|  |   |                               |  |
|  |   |                               |  |
| Authorized Signature   | \$ Amount Approved  | Check Number                  |  |