Indigenous Reconciliation Fund

Archdiocese Application for Project Funding

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| **Project Summary** |
| **Name of Organization applying for this grant:** |
| **Project title:** |
| **Brief description of project: (please include start and end dates, project deliverables, history)** |
| **Funds requested (total and by year): (Note: Please attach project budget and list of any other partners/donors separately)** |
| **Signatures: (For Office Use Only)**    Archbishop J. Michael Miller, CSB Chair of Archdiocesan Committee |
| **A. Project Detail: PROJECT RATIONALE** |
| **1. Describe the ‘need’ for the project:** |
| **2. Describe how the project is consistent with Fund granting criteria and guidelines:** |

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| **3. Provide evidence of success of similar projects, if any:** | |
|  | **B. Project Detail: DESCRIPTION OF ORGANIZATION UTILIZING THE FUNDS** |
| **1. Name and brief history of the organization** | |
| **2. Confirm organization’s charitable or qualified donee status (select one):**  **We are a Charitable Organization - CRA#**  **We have partnered with a Charitable Organization (please fill out information below)**  **Organization’s Name:**  **CRA#:**  **Contact Name:**  **Contact Phone#:**  **Email Address:**  **Mailing Address:** | |
| 1. **Attach recent audited financial statements (If unavailable, please provide the latest financial information provided to the CRA Charities Directorate)**   **Statements/information are attached** (please check the box) | |
| **4. Provide evidence that the organization can carry out the proposed project (or a description of any other organizations that will assist in the proposed project)** | |
| **5. Contact information for key individual at the organization receiving the funds: Name:**  **Telephone:**  **E-mail:**  **Mailing address:** | |



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| **C. Project Detail: DESCRIPTION OF USE OF FUNDS (optional if detailed budget attached)** |
| **1. Summarize expenses by category: (i.e. salaries, purchased goods or services, etc.)** |
| **2. Summarize program expenses by programme area: (if applicable)** |
| **3. Summarized expenses by year: (if applicable)** |
| **D. Project Detail: AGREEMENTS WITH OTHER PARTNERS IN THIS PROJECT** |
| **If this project is being done in partnership with other entities or NPOs, please attach proposed agreements between the organization to be funded by this grant and the other organization(s)**  **Draft agreements/information are attached** (please check the box) |
| **E. Project Detail: SUPPORTING DOCUMENTS** |
| **Please indicate if you are attaching the following supporting documents**  **Letters of support**  **Detailed** **Budget** |

Please submit completed applications by:

Email: [irfunds@rcav.org](mailto:irfunds@rcav.org)

Or by mail: Indigenous Reconciliation Fund Applications

c/o James Borkowski

Archdiocese of Vancouver

4885 Saint John Paul II Way

Vancouver, BC V5Z 0G3

If you have any questions, please email James Borkowski at [jcborkowski@rcav.org](mailto:jcborkowski@rcav.org)

**For Office Use Only**

**Project #: Date Received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**