Indigenous Reconciliation Fund

Archdiocese Application for Project Funding

|  |
| --- |
| **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:**      |

|  |
| --- |
| **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:**       |



|  |
| --- |
| **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

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

**For Office Use Only**

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