



Ukrainian Canadian Congress – National THE DEFENDERS OF UKRAINE FUND



Grant Application Form

Complete this application form and submit it along with all requested information electronically to the Canada-Ukraine Foundation: defendersofukraine@cufoundation.ca. Attach additional pages if you require more space. **Only complete applications will be considered.**

SECTION 1: APPLICANT DETAILS

Name of Organization _____

Primary Contact Person _____

Position Title (relationship to organization) _____

Phone number (Work Cell Home) _____

Mailing Address _____

Email Address _____

Secondary Contact Person _____

Phone number (Work Cell Home) _____

Position Title (relationship to organization) _____

Mailing Address _____

Email Address _____

SECTION 2: ORGANIZATION DETAILS

Organization Registration No. /Registered Charity No. _____

Registered Address _____

Mailing Address (if different) _____

Email Address _____ Website _____

Legal status _____

Date and Place of Incorporation _____

Objectives specified in the organization's charter/articles of association:
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- Objective 1
- Objective 2
- Objective 3

The geographic area serviced by the organization (country, region): _____

SECTION 3: GRANT REQUEST DETAILS

Attach additional pages to your application if you require more space to answer questions

Funding requested, \$CAD (maximum \$50,000) _____

Project Name: _____

Project Start and End Dates: _____

3.1. Description of Project (max 250 words):

Please describe what your project will accomplish and why:

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3.2. Project Activities:

Please describe what project activities will be carried out and how will these activities address the project priorities identified:

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3.3. Expected Results:

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3.4. Direct Beneficiaries:

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3.5. Partners:

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3.6. Describe the organization's ability and capacity to successfully undertake this project:

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3.7. Describe the organization's experience undertaking similar projects in the past and the project results:
3.8. Have you applied to other funding agencies (please disclose all government agencies, foundations, charities, private funding sources, etc.) for this Project? Please list name and amount and attach confirmation of funding where applicable:
3.9. How does your project aim to implement gender equality:
3.10. Advocacy & Communications:
<i>Please indicate number and type of traditional communication items (articles, commercials, TV interviews, radio spots, etc.) and social and web based communication items. Please ensure recognition of UCC in all media and other communications (events, advisories, announcements, press releases, etc.)</i>

SUPPORTING DOCUMENTATION:

Supporting documentation is mandatory. Please be sure to include the following information with your completed application:

- Annex 1: Proposed Project Budget or an operating budget which discloses how the funding will be used.
- Annex 2: Proposed Project Timeline (the timeline showing key dates and objectives for each stage of the project)
- The most current financial statements for the organization designated to receive the funds in the Application;
- Bank details (the account to be used for the action or work programme for which the funding is being requested). This should include: name of the Bank, branch address, full account number (including bank codes), and name of the account holder.
- A copy of Applicant's charter, articles of association, instrument of incorporation or equivalent
- Three references from partner organization, another foundation, donor, or other key stakeholders.

Freedom of Information and Protection of Privacy Act

The personal information collected on this form is done so pursuant to the Local Government Act and in accordance with the Freedom of Information and Protection of Privacy Act. The personal information collected herein will be used only for the purpose of processing this application or request and for no other purpose. At all times it will be protected in accordance with the Freedom of Information and Protection of Privacy Act.

I, the undersigned, hereby state that, to the best of my knowledge, all information contained in this application form and any attachments are a true representation of our proposed project.

Signature of Applicant _____ Date: _____

OFFICE USE ONLY:

Date Application Received: _____ [DD/ MM / YY]

Application received by (Staff name – please print): _____

Application complete: _____ [Yes / No]