



Before completing the application, review the granting guidelines to verify eligibility. Please answer the questions in the space provided. Attachments are required for questions #7, #11 and #12. Due to the volume of applications we receive, only those who qualify and are selected to receive financial support will be contacted. Thank You.

Application Deadlines: 15th of March, July and October

GEOGRAPHIC LOCATION <input type="checkbox"/> Brant County <input type="checkbox"/> Oxford County <input type="checkbox"/> City of Hamilton <input type="checkbox"/> City of Ottawa <input type="checkbox"/> City of Stratford <input type="checkbox"/> Region of Waterloo <input type="checkbox"/> Wellington County	TYPE OF ORGANIZATION <input type="checkbox"/> Arts & Culture <input type="checkbox"/> Education <input type="checkbox"/> Health/Wellness/Recreation <input type="checkbox"/> Community Services	FUNDS REQUEST FOR <input type="checkbox"/> Program <input type="checkbox"/> Capital <input type="checkbox"/> Other: _____
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Submission Date:		
Name of Organization applying for grant:		Canadian Charitable Registration Number:
Mailing Address (Street/PO Box, City, Province, Postal Code):		Location Address (if different than Mailing Address):
Telephone:	Fax:	Website:
Name and title of Executive Director / Manager		Email:
Contact name and title for this request (if different than above)		Email:

1. Describe your organization's mission, vision and goals. Please include what you are doing to meet these goals. Include any activities that are specifically being undertaken to assist with overall community building.

2. Give a brief history of your Organization, its purpose, the significance of its work, who benefits from it, and what geographic area it serves.

3. Please describe your Organization's role in the community(ies) you serve. Are any of the services you offer (or similar ones) available through another organization? If yes, please indicate: (1) how you collaborate; (2) what services they provide that are near services to your organization.

4. Please provide a project/program name, synopsis, and full description for which you are requesting funds. How will it benefit the community? If this is a "Transformational Program", please describe this aspect specifically and outline how the transformation occurs at the Community, Organization and/or Individual level. (Refer to our granting guidelines)

5. Currently we are predominantly focusing on two key transformational program areas in order to more effectively direct our donations: (1) at risk youth (ages 6 – 24) and (2) encouraging excellence in youth (ages 6 – 24). Please describe how your request would fall within one of these categories.

6. Is this a new program/project? If it is new – are you modeling it based on an established program in another community? Please describe.

7. Estimated total cost of program/project (attach estimated program/project budget): \$

8. Amount requested from The Cowan Foundation: \$

9. What are the terms of payment to professional fundraisers on this project/program?

10. How will the project be measured and evaluated? Please include the key measurables, and how they will show that the project or program is successful.

11. Attach the most recent audited financial statements, current year budget and interim financial statements.

12. Please attach a list of your Organization's Board of Directors, their occupations, and/or business affiliates.