



## **Granting Application Form & Guidelines**

# **The Chrysalis Fund**

**Debbie Krahn, Chairperson**

**204-381-8122**

**Email: [thechrysalisfund@gmail.com](mailto:thechrysalisfund@gmail.com)**

**The Chrysalis Fund supports charities in the Steinbach area that promote growth and positive change in children and youth and families.**

The following types of organizations will be deemed eligible for a grant from The Chrysalis Fund:

- A registered Canadian charity
- Her Majesty in right of Canada and the Province of Manitoba and agents thereof (Federal and Provincial Government and Agencies) e.g. Schools
- Organizations affiliated with a registered Canadian charity

The following types of organizations and activities will be deemed ineligible for a grant from The Chrysalis Fund:

- Non-registered charitable institutions unless supported by a qualified organization described above.
- Organizations that are profit orientated.
- Activities, which are political in nature.
- Organizations not able to demonstrate an involvement with youth and families from the community and surrounding area of Steinbach, Manitoba.
- Individuals
- Annual Fund Drives
- Core operating expenses of Organizations.
- Debt reduction

**All applications and required support material to be submitted on or before June30th to:**

**The Chrysalis Fund  
[thechrysalisfund@gmail.com](mailto:thechrysalisfund@gmail.com)**

The Chrysalis Fund Application for Grant Funding

**Organization Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Year Established: \_\_\_\_\_

Primary contact for further information:

Name \_\_\_\_\_ Telephone \_\_\_\_\_

(Hereinafter referred to as the "Organization.")

Please state the mission/goals and a brief description of the Organization:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of Employees: Full time \_\_\_\_\_ Part time \_\_\_\_\_ Volunteers \_\_\_\_\_

Canada Revenue Agency Charitable Registration Number # \_\_\_\_\_

**Grant Request - Hereinafter referred to as the "Project."**

Please provide a description of the Project the Organization is seeking a grant for:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## The Chrysalis Fund Application for Grant Funding

### Grant Application Checklist

Please check off items to ensure that the Organization has included all required documentation to complete the grant application:

- List of Current Board of Directors or Officers.
- Annual Report or Year End Financial Statement
- Detailed budget for proposed project
- Grant Application Form
- Photocopy of a void donation receipt or copy of organization agreement regarding the CCRA Registration Number

Please explain if any of the items are not available:

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### Authorization

Has the Organization authorized this grant application?  Yes  No

If so, when and how did the Organization authorize this grant application?

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This grant application must be signed by two of the following verifying the grant application is complete:

- Officers of the Board of Directors
- Chairperson/President
- Treasurer

Print Name: \_\_\_\_\_

Signature \_\_\_\_\_

Title: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature \_\_\_\_\_

Title: \_\_\_\_\_

The Chrysalis Fund Application for Grant Funding

**Project Budget**

**PROJECT EXPENDITURES**

**ITEMS:**

**COST**

Salaries/benefits: \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Professional fees/honoraria: \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Capital (specify): \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Other (specify): \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Total Project Expenditures: \$ \_\_\_\_\_

Amount Requested from The Chrysalis Fund: \$ \_\_\_\_\_

PRINT NAME OF GRANT AUTHOR: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PRINT NAME OF CHAIRPERSON/BOARD REPRESENTATIVE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

IF REQUIRED AN ADDITIONAL PAGE OF INFORMATION IN SUPPORT  
OF THE GRANT APPLICATION MAY BE ATTACHED.