

The Ukrainian Orthodox Church of Canada Foundation GRANT APPLICATION

The Foundation will only consider grant requests from the Ukrainian Orthodox Church of Canada and its parishes and non-profit organizations in good standing. The purpose of the grant application should be to enhance religious and cultural programs and services.

Applications should be submitted 30-60 days in advance of the project start date. To ensure a timely response, please email your completed application & documentation to joanne.rak46@gmail.com

Alternatively, you can mail the application to:

Ukrainian Orthodox Church of Canada Foundation (UOCCF) 9 St. John's Ave. Winnipeg, MB R2W 1G8

SECTION I: APPLICANT INFORMATION

Parish/Organization			
Address			
Postal Code			
Website and Email			
Telephone			
Date of Application			
Primary Contact Pe	erson		
Name _ Title/Position			
Address _			
Postal Code			
Telephone _			
Email _			
Indicate first year of orga	anization's operations		
CRA charitable number and name of charity			



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SECTION II: PROJECT INFORMATION

1. Description of Project

Please feel free to provide additional information with your application.

Title of project				
Objectives of the proje	ect			
Describe the project				
Describe how you plate implement the project				
Preliminary work completed to date				
Describe the commun	ity			
and/or professional su	•			
as well as financial su				
extended to the projec	t			
Project start date				
Project completion da	te			
Previous UOCC I	Foundation P	rojects		
Have you previously		<u> </u>		
Tiave you previously	applied for OC	Joor grants:		
If YES, then please p	rovide the follo	wing information	for each	grant received.
Title of Project	Year Applied	Amount Received	Date Fin	al Report Filed
L				
. Amount requeste	ed from the U	OCC Foundation	on	
	· · · · · · · · · · · · · · · · · ·	- Juliadii		

This amount is based on a budget which is to be submitted under #4 showing other

financial support, collaboration or funds in kind.



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4. Please attach a detailed project budget and complete the following:

Please include other sources of funds or grants for this project, indicating those received and/or pending. All applicants must provide a realistic projection of revenues expected by the project.

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REVENUES:	
Grant requested from UOCCF	
Other sources of revenue	
Total Revenue projected	
EXPENSES:	
Total Expenses	
Net Surplus/Deficit	

SECTION III: DECLARATION

To be completed by the applicant:

•	e best of my knowledge, the information provided in this urate and complete.
Signature:	
Title:	
Organization:	
Date:	