

Muriel McQueen Fergusson Foundation Grants Program - Application Form

Date submitted:

Name of organization:

Address:

Tel.: Fax:

Email:

Name of Contact Person:

Role/responsibility (relationship with organization):

Tel. (Home): Tel. (work): Fax:

Email:

Please complete the following:

A. What is the charitable number of the applicant as provided by Revenue Canada?

B. What is the name/title of the project?

C. Please provide a brief description of the project/event/initiative and how th requested grant will benefit. Describe the project as concisely as possible in 500 words or less, including how this project responds to the goals and objectives of the Muriel McQueen Fergusson Foundation. (You may attach this description as an appendix if you require additional space)

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D. What is the duration/time frame of the project? Please included the projected start and finish dates.

E. What is the geographical impact?

F. In what language is the project offered?

G. What is the amount of the grant being requested? Please provide a detailed budget for the project, including all financial contributions

H. What is your organization's main source of funding?

I. Are you receiving funding or have you applied for other funding to support this particular project? Yes No

If yes, please provide details in the space provided or attach as an appendix.

J. Please mail a hard copy of the organization's most recent audited financial statements, a copy of the annual report, and nine copies of this application and any other supporting documents to the Foundation office by the due date:

Muriel McQueen Fergusson Foundation
Grants Selection Committee
PO Box 50 000
Fredericton, New Brunswick
E3B 6C2