

**BAYSHORE CREDIT UNION
COMMUNITY INVESTMENT FUND**
Application for Funding

Contact Information:

Please attach a list of the principle people involved in your organization. Board/committee members, officers, etc.

Organization: _____

Address _____

Contact Person _____

Phone Number _____

Fax Number _____

E-mail _____

Website _____

Type of Organization (check one):

Non-profit

Specific project

Corp. Partnership

Other

Project Details:

Amount of Funding Requested _____

Location where project will be delivered _____

Funds will be spent over the period of _____ (mm/yy) to _____ (mm/yy)

Brief Project Description:

Value to the Quinte Community:

Project Sustainability / Self Sufficiency (please explain):

How will Bayshore Credit Union be recognized as a sponsor?

Financial and Other

Please provide the revenue and expense budgets for the project for which the funding request is being made.

Revenue Source	Amount
Participant fees:	_____
Donations:	_____
Government Subsidies:	_____
United Way Subsidies:	_____
Other:	_____
_____	_____
_____	_____
_____	_____
Total Revenues:	_____
Expenses	
Salaries and Benefits:	_____
Travel and Meals:	_____
Office Expenses:	_____
Building and Maintenance:	_____
Direct Project Costs:	_____
Advertising:	_____
Other:	_____
Total Expenses	_____
Insurance:	Yes / No
General Liability Coverage	\$_____
Insurer:	_____
Policy #	_____

General Information

1. Please attach the organizations most recent financial statements (externally audited if available)
2. A final report of the actual expenditures and number of participants may be required at the end of the project. Excess funding may be refundable to Bayshore Credit Union Ltd.
3. Bayshore Credit Union Ltd. reserves the right to review the organizations operation and financial transactions
4. Funding will be discontinued and may be refundable if the funds provided by Bayshore Credit Union Ltd. are not used as presented on this application
5. Bayshore Credit Union Ltd. accepts no responsibility for or liability in connection with either the applicant organization, the project being funded or the actions or delivery of any service connected with either the organization or project.

Declaration

Please sign below that you agree to each of the following conditions:

I have the authority to sign on behalf of the subject organization.

I have read all of the information contained in this application understand and accept same.

I hereby state that the information provided is accurate and truthful to the best of my knowledge.

Date

Name (please print)

Auth. Signature

Position