



SGC Member Funding Application

(Project starting between October 1, 2021, and March 31, 2022)



PLEASE PRINT

SGC Program File Number:

Date received:

1. Applicant Information

| | | | | | |
|-------------------|--|-----------|-----------|-------------|--|
| Organization Name | | | Date | | |
| Contact Name | | | Signature | | |
| Mailing Address | | City/Town | | Postal Code | |
| Phone number(s) | | | E-mail | | |
| President's Name | | | Signature | | |

2. Applicant Eligibility

| | Yes | No |
|---|--------------------------|--------------------------|
| Does your organization meet the SGC Member Funding Eligibility Requirements? | <input type="checkbox"/> | <input type="checkbox"/> |
| Has your organization applied for SGC Member Funding Grants in the past two years? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your organization still have any outstanding SGC Member Funding follow-up reports? | <input type="checkbox"/> | <input type="checkbox"/> |

3. Project Information (taking place between October 1, 2021 and March 31, 2022)

| | | | | | |
|--|--|--|--|--|--|
| Project Name | | | | | |
| Start Date | | | End Date | | |
| Type of Project (mark all applicable) | | | | | |
| <input type="checkbox"/> Members only <input type="checkbox"/> Open to the Public <input type="checkbox"/> Language <input type="checkbox"/> Dance & Other Performances <input type="checkbox"/> Arts & Crafts <input type="checkbox"/> Diversity | | | <input type="checkbox"/> Joint event with: <input type="checkbox"/> Music & Singing <input type="checkbox"/> Cultural Event <input type="checkbox"/> Anniversary, Celebration etc. <input type="checkbox"/> Conference, Seminar, Meeting etc. <input type="checkbox"/> Other: | | |

Project Description (attach extra sheet if needed):

| 4. Participation & Volunteer Hours | | | |
|--|----|--|----|
| Total number of expected participants: (choir members, dancers, active participants in event/program/project) | | Youth (ages 0-29): Adult: Seniors (55+): | |
| Total number of expected audience: (visitors, guests) | | Youth (ages 0-29): Adult: Seniors (55+): | |
| Total number of expected volunteers: (planning, organizing, execution of event/program) | | Youth (ages 0-29): Adult: Seniors (55+): | |
| Anticipated number of total volunteer hours (# of volunteers x # of hours): | | | |
| 5. Budget | | | |
| Total Anticipated Project Cost | \$ | Amount Requested from SGC | \$ |

| Budget Details | | Project Amount |
|---|--|-----------------------|
| Revenue | | |
| SGC Member Funding requested | | \$ |
| Other Confirmed Grants | | \$ |
| Other Requested Grants | | \$ |
| Private Donations | | \$ |
| Corporate Sponsorship | | \$ |
| Fundraising | | \$ |
| Fees (entrance fees, membership, food tickets) | | \$ |
| Organization Contribution | | \$ |
| - | | |
| - | | \$ |
| Other | | |
| - | | \$ |
| - | | \$ |
| Total Revenue | | \$ |
| Expenses | | |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| Total Expenses | | \$ |
| Surplus/(Deficit) | | \$ |
| Will any in-kind goods be contributed (non-monetary items such as cakes, office supplies, services)? Please list! | | |
| Surplus is intended to be used for: | | |