



SGC Youth Funding Program

Mach mit!

Application Form



| | | | | | | |
|--|--|------------|--|-------------|--------------------------|--------------------------|
| PLEASE PRINT | | | | | | |
| SGC Program File Number: | | | | | | |
| Date received: | | | | | | |
| 1. Applicant Information | | | | | | |
| Organization Name | | | | Date | | |
| Contact Name | | | | Signature | | |
| Mailing Address | | City/Town | | Postal Code | | |
| Home Phone | | Work Phone | | E-mail | | |
| President's Name | | | | Signature | | |
| 2. Applicant Eligibility | | | | | Yes | No |
| Does your organization meet SGC Member Funding Eligibility Requirements? | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Has your organization applied for SGC Member Funding Grant 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 | | | | | | |
| 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"/> 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: | |
| Youth (ages 0-29): | |
| Adult: | |
| Seniors (55+): | |
| Anticipated 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 | \$ |
| Other Confirmed Grants | \$ |
| Other Requested Grants | \$ |
| Private Donations | \$ |
| Corporate Sponsorship | \$ |
| Fundraising | \$ |
| Fees | \$ |
| Organization Contribution | \$ |
| In-kind donations (list) | |
| - | \$ |
| - | \$ |
| - | \$ |
| Other | |
| - | \$ |
| - | \$ |
| - | \$ |
| Total Revenue | \$ |
| Expenses (list all) | |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| Total Expenses | \$ |
| Surplus/(Deficit) | \$ |