



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 April 1, 2025 and September 30, 2025)

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"/> Online-based
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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 audiences: (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	\$
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Budget Details

Project Amount

Revenue	
SGC Member Funding requested	\$
Other Confirmed Grants	\$
Other Requested Grants	\$
Private Donations	\$
Corporate Sponsorship	\$
Fundraising	\$
Fees (entrance fees, food tickets, etc.)	\$
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:	