

## **Theatre Society Legacy Fund - TSLF Performing Arts Grant Application - 2019**

THE TSLF RESERVES THE RIGHT TO DISQUALIFY ANY APPLICATIONS THAT ARE INCOMPETE, ILLEGIBLE AND/OR DO NOT OTHERWISE FOLLOW THE SUBMISSION GUIDELINES.

***This grant is intended to encourage and support the development, enhancement, innovation and mentorship of a diverse variety of inclusive performing arts.***

### ***Grants are available to registered charities***

Name of organization:

Operating name of organization:

CRA Registered Charity Number:

CRA registration date:

Name and position of contact person:

Complete address of organization:

Phone number:

Email address:

Website address:

1. Would the requested grant funding benefit residents of the Tri-Cities region; Coquitlam, Port Coquitlam, Port Moody, Anmore and Belcarra? Yes  No

2. Does your project/program take place in the Tri-Cities region; Coquitlam, Port Coquitlam, Port Moody, Anmore and Belcarra? Yes  No

3. Would this project proceed if your organization did not receive this grant? Yes  No

4. Is your project/program intended to promote or to be used for commercial products or purposes?  Yes  No

**IF YOU HAVE ANSWERED “YES” TO QUESTIONS #1-#3 AND “NO” TO QUESTION #4 PLEASE CONTINUE WITH PART 2 OF THE APPLICATION.**

**PART 2**

1. Please provide a short title for your proposed project:
2. Describe your project and its goals (max. 300 words)
3. Statement of Innovation: Please provide a brief description of how your proposal is innovative
4. Please note that for this granting cycle, a maximum of \$10,000 may be awarded. State the amount of grant funding your organization is requesting:
5. All projects and programs must be completed and final report received by the TSLF within one calendar year of receipt of the grant. Please state the expected completion date for the project:
6. Number of employees (related to this project):
7. Number of volunteers (related to this project):
8. What are the goals and objectives of your organization? Please include a purpose statement for your organization, if available. (max. 50 words)
9. What other funding for this project has been requested or committed to date? Please list source and amount.
10. When are the funds required for the project?
  - A. Proposed start-up date for the project:
  - B. Please provide a timeline for the project:
  - C. Please state the completion date for the project:
  - D. How does the requested grant funding contribute to the goals of your organization?(max. 100 words)
11. How does the requested grant funding benefit residents of the Tri-Cities region (Port Coquitlam, Coquitlam, Port Moody, Anmore and Belcarra) specifically?  
(max. 100 words)

- 12.** How does your project encourage and support the development, enhancement and mentorship of inclusive performance arts? (max. 100 words)
- 13.** Is your project a new community initiative or will it fund the expansion of an existing community project/program?
- 14.** List other organizations or individuals cooperating in this project, if applicable.
- 15.** What preparations have already been made to undertake this project, or what facilities are now available with which to begin?
- 16.** What knowledge, skills and experience does your organization have which qualify it to carryout this project?
- 17.** If the program or project you are proposing is similar to a project or program already operating in the Tri-Cities region, please provide an explanation on how your approach is different, more innovative, etc., or, please explain how you would partner with the existing program provider.
- 18.** If this is an ongoing program, how will it be sustained after the initial funding period?
- 19.** If the proposed grant will not complete the project, what provision is to be made for its completion when requested funds are exhausted?
- 20.** How does your project:
  - A. Strive to have a lasting impact in the community?
  - B. Build on existing community strengths and assets?
  - C. Use resources efficiently and effectively?
  - D. How does this funding enable you to better serve your client base?
  - E. How will you measure the success/results of your project?

I HEREBY DECLARE THE ABOVE INFORMATION TO BE CORRECT TO THE BEST OF MY KNOWLEDGE AND IF THE LEGACY FUND GRANTS AN AWARD FOR THIS PROPOSAL, THE FUNDS WILL BE USED FOR THIS PURPOSE ONLY. I ALSO AUTHORIZE THE TSLF TO VERIFY THE INFORMATION PRESENTED.

On behalf of the Applicant organization:

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Administrator/Staff Rep (if applicable)

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Chairperson/Board Representative

NOTE 1: Any organization whose submission is selected in this process will be required to sign a contract and agree to specific final reporting.

NOTE 2: The TSLF reserves the right to request additional information in any of the previous categories listed in this document.

Please provide the following documentation:

- A. Project budget (using the TSLF Budget Document)
- B. List of applicant organization's Board of Directors, positions and contact information
- C. List of applicant organization's staff (and their applicable titles) who will be directly involved/responsible/ accountable for this project
- D. Applicant organization's financial statements for the last fiscal year (audited, if available)

**PLEASE SUBMIT ALL DOCUMENTS INCLUDING THIS APPLICATION IN A SINGLE PDF.**

**Please note that all submitted materials become the property of the TSLF.**

Please return the required documentation to the Theatre Society Legacy Fund by email (as a single .pdf attachment) to [info@theatresocietylegacy.com](mailto:info@theatresocietylegacy.com) by midnight on **March 15, 2019**.

**Late submissions will not be accepted.**