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| The First Narayever Congregation 187 Brunswick Ave,  Toronto ON M5S 2M4  [www.narayever.ca](http://www.narayever.ca)  E-mail to [socialaction@narayever.ca](mailto:socialaction@narayever.ca) Application for Funding | | | | |
| **Organizational Information** | | | | |
| Organization Name: | | | | |
| Phone: | Fax: | | E-mail: | |
| Address: | | | | |
| City: | | | State/Province: | ZIP/Postal Code: |
| Country: | | | | |
| Number of paid employees: Full-time \_\_\_\_\_\_\_ Part-time: \_\_\_\_\_\_\_\_ | | | | |
| **primary Contact person** | | | | |
| Name: | | | | |
| Title: | | | | |
| Telephone: | Fax: | E-mail: | | |
| **ALTERNATE CONTACT PERSON** | | | | |
| Name: | | | | |
| Title: | | | | |
| Telephone: | Fax: | E-mail: | | |
| **charitable information** | | | | |
| Is this a registered Canadian Charity? Yes / No\* | | | | |
| If “yes” above, please provide Charitable Registration Number: | | | | |
| \* If “No” above, | | | | |
| Name of Canadian charity able to accept funds on your behalf: | | | | |
| Charitable registration number of the Canadian charity to accept funds: | | | | |
| Name of contact: | | | | |
| Title: | | | | |
| Telephone: | Fax: | E-mail: | | |
| **Description of organization** | | | | |
| Organizational Mandate: | | | | |
| Constituency/organization membership: | | | | |
| Date organization was established: | | | | |
| Historical accomplishments: | | | | |
| Names, contact information for the Board of Directors (if applicable): | | | | |

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| **for 1 year funding** |
| **Amount requested** (maximum $15,000/year Canadian): |
| **What are the goals of the project for which funding is requested?** Please provide a detailed summary of how the funding provided by The Narayever will be used, and note if there is other funding supporting this project. |
| **How will you know that your goals have been reached**? Please note how use of funding is being tracked and identify the measurable objectives for this funding**.** |
| **Why/how is your organization particularly qualified for receiving this funding?** This should include a description of how the proposed project advances the three aspects of the Narayever’s mission described on the Social Action Fund Grant webpage. |

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| **FOR 3 YEAR FUNDING** |
| **Amount requested for each year** (up to maximum of $10,000/ year Canadian) |
| **What are the goals of the overall project for which funding is requested?** |
| **What are the goals for each of the 3 years of funding requested?** Please provide a detailed summary of how the funding will be used in each of the 3 years, and note if there is other funding being used for this project. |
| **How will you know that your goals have been reached in each of the 3 years?** Please note that a Use of Funds report is required at the end of each funding year; this update must reflect attainment of the goals for funding to continue. The Use of Funds report form can be found on the Social Action Fund Grant webpage |
| **Why/how is your organization particularly qualified for receiving this funding?**  This should include a description of how the proposed project advances the three aspects of the Narayever’s mission described on the Social Action Fund Grant webpage. |

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| **Two Supporting Documents (Attach to e-mail as separate files\*)** | |
| 1. **Annual report or other printed material describing the organization**. If you have applied for multi-year funding, each year you will be required to file an annual report along with a detailed accounting of how the funds provided by the Narayever were used. | |
| 1. **Budget for the program to be funded (add amount of outstanding loans if program is in deficit)** | |
| \* If unavailable in soft copy, please mail a hard copy. | |
| **(Electronic) signature of a senior officer of the organization** | |
|  | |
| Title: | Date: |