



Box 100, Pinawa MB R0E 1L0
www.pinawafoundation.org
Email: info@pinawafoundation.org

Youth in Philanthropy **Grant Application Form**

*****ADMINISTRATION (please leave blank)*****

Date Received : _____ Application Number : _____

Please return to Pinawa Secondary School or the Pinawa Foundation by: March 31

Fill in the following information.

Name of organization requesting grant: _____

Contact Person:

Name _____

Mailing Address _____

Email/ Phone Number _____

CRA Charitable Registration Number (if applicable): _____

Project Information

Project title: _____

Total cost of project: _____ Amount of grant money requested: _____

Where other monies will come from if the YIP grant does not cover all costs of this project:

To help our YIP members better understand your organization and application request, please briefly respond to the following questions:

Tell us a bit about your organization: Mission Statement and/or Main Objective(s) of your organization

Provide project details (respond as they apply to your project):

-name of item(s), specific type, size, amounts, tentative cost(s) required for this project

-where the item(s) may tentatively be purchased from

-how/ by whom will this project be completed/ implemented (if applicable)

What is the time-frame of this project (when will it be implemented/ begun/ finished)?

Tell us a bit about your target audience:

-who will benefit from this project

-how will your target audience benefit from this project and why this is important

Other information you feel may be of value for YIP to consider:

Thank you for taking the time to fill in the grant application. If you have any questions or would like assistance filling in this application, please contact

Lisa Krupka at ldawnkrup@gmail.com

