

Grant Writer Assistance Application

Funding for this Grant Writer Assistance Program has been received from the Northern Development Initiative Trust, LNG Canada and the City of Terrace.

Applications will be decided upon by the City of Terrace. Evaluation criteria include your organization's need for grant writer support, your experience and reliability in delivering proposed projects and potential benefits to Terrace.

Name of Organization:		
Mailing Address:		
Primary Contact Name:	Title:	
Telephone:	Email:	
Secondary Contact: (optional)	Title:	
Telephone:	Email:	
Your Organization		
Is your organization a:		
Registered Society		
Charitable Organization		
Neither		
Organization's Registration/Charitable Number (if applicable):		

How would you categorize your organization:		
Health		
Education		
Arts and Culture		
Sports and Recreation		
Natural Environment		
Social Services		
Other		
Please briefly describe your organization's mandate and/or its goals and objectives:		
Please describe the project (or projects) for which you seek writer support (including a timeline or schedule and naming other stakeholders):		
Title:		
Description:		
Estimated Total Cost of your Project:		
Have you prepared a budget that includes relevant quotes? Yes No		
Will grant funding be applied for in 2023: Yes No No		
Will funding go towards a project outside the City of Terrace boundaries? Yes No		
Please describe the benefits to the community of Terrace of your project:		

	writer? (Examples: (1) to prepare grant applications repare a generic grant application to be used by our sources of grant funding for our organization.)
If the grant does not support 100% of the project	et cost, how will you fund the remainder?
Please provide information on your organization track record of successful project delivery?	's ability to deliver the proposed project. Do you have a
Grant Recognition Please note approval of Grant Writer Support machine Community Foundation and program funders.	ay require recognition of the City of Terrace, Terrace
Authorization An association/organization member who is authorized to the second sec	horized to submit this report must sign this form.
Name:	Signature:
Title:	
Date:	

Inquiries about the application process and to submit this application, please contact Christie Pike at cpike@terrace.ca

January 9, 2023