



# Ukrainian Canadian Congress – National THE DEFENDERS OF UKRAINE FUND



## Grant Application Form

Complete this application form and submit it along with all requested information electronically to the Canada-Ukraine Foundation: [defendersofukraine@cufoundation.ca](mailto:defendersofukraine@cufoundation.ca). Attach additional pages if you require more space. **Only complete applications will be considered.**

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### SECTION 1: APPLICANT DETAILS

Name of Organization \_\_\_\_\_

Primary Contact Person \_\_\_\_\_

Position Title (relationship to organization) \_\_\_\_\_

Phone number (  Work  Cell  Home ) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email Address \_\_\_\_\_

Secondary Contact Person \_\_\_\_\_

Phone number (  Work  Cell  Home ) \_\_\_\_\_

Position Title (relationship to organization) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email Address \_\_\_\_\_

### SECTION 2: ORGANIZATION DETAILS

Organization Registration No. /Registered Charity No. \_\_\_\_\_

Registered Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Email Address \_\_\_\_\_ Website \_\_\_\_\_

Legal status \_\_\_\_\_

Date and Place of Incorporation \_\_\_\_\_

<b>Objectives specified in the organization's charter/articles of association:</b>
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- Objective 1
- Objective 2
- Objective 3

The geographic area serviced by the organization (country, region): \_\_\_\_\_

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**SECTION 3: GRANT REQUEST DETAILS**

*Attach additional pages to your application if you require more space to answer questions*

**Funding requested, \$CAD (maximum \$50,000)** \_\_\_\_\_

**Project Name:** \_\_\_\_\_

**Project Start and End Dates:** \_\_\_\_\_

**3.1. Description of Project (max 250 words):**

*Please describe what your project will accomplish and why:*

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**3.2. Project Activities:**

*Please describe what project activities will be carried out and how will these activities address the project priorities identified:*

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**3.3. Expected Results:**

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**3.4. Direct Beneficiaries:**

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**3.5. Partners:**

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**3.6. Describe the organization's ability and capacity to successfully undertake this project:**

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<b>3.7. Describe the organization's experience undertaking similar projects in the past and the project results:</b>
<b>3.8. Have you applied to other funding agencies (please disclose all government agencies, foundations, charities, private funding sources, etc.) for this Project? Please list name and amount and attach confirmation of funding where applicable:</b>
<b>3.9. How does your project aim to implement gender equality:</b>
<b>3.10. Advocacy &amp; Communications:</b>
<i>Please indicate number and type of traditional communication items (articles, commercials, TV interviews, radio spots, etc.) and social and web based communication items. Please ensure recognition of UCC in all media and other communications (events, advisories, announcements, press releases, etc.)</i>

**SUPPORTING DOCUMENTATION:**

**Supporting documentation is mandatory. Please be sure to include the following information with your completed application:**

- Annex 1: Proposed Project Budget or an operating budget which discloses how the funding will be used.
- Annex 2: Proposed Project Timeline (the timeline showing key dates and objectives for each stage of the project)
- The most current financial statements for the organization designated to receive the funds in the Application;
- Bank details (the account to be used for the action or work programme for which the funding is being requested). This should include: name of the Bank, branch address, full account number (including bank codes), and name of the account holder.
- A copy of Applicant's charter, articles of association, instrument of incorporation or equivalent
- Three references from partner organization, another foundation, donor, or other key stakeholders.

***Freedom of Information and Protection of Privacy Act***

*The personal information collected on this form is done so pursuant to the Local Government Act and in accordance with the Freedom of Information and Protection of Privacy Act. The personal information collected herein will be used only for the purpose of processing this application or request and for no other purpose. At all times it will be protected in accordance with the Freedom of Information and Protection of Privacy Act.*

I, the undersigned, hereby state that, to the best of my knowledge, all information contained in this application form and any attachments are a true representation of our proposed project.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

*OFFICE USE ONLY:*

Date Application Received: \_\_\_\_\_ [DD/ MM / YY]

Application received by (Staff name – please print): \_\_\_\_\_

Application complete: \_\_\_\_\_ [Yes / No]