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**Legion National Foundation Grant Application**

Please put a check mark beside each document you enclose and include this sheet with your application. Your application must include:

* A signed original of your application
* Details of project budget, current and future funding as specified in Part D Outline
* Letters of support (if applicable)
* Copy of registered charitable organization status
* List of Current Board of Directors
* Latest Audited Financial Statements

**Instructions:**

* If you need assistance with your application, please contact the Legion National Foundation (LNF)
* Complete all sections of the application form, sign and date it.
* Ensure budget information is complete and calculated correctly.
* Applications must be received and deemed complete by the Legion National Foundation by the following due dates: January 31, April 30 and September 30
* Please send your application to [slaprade@lnfcanada.ca](mailto:slaprade@lnfcanada.ca)
* If you do not have enough space to answer a question, please attach a separate sheet.
* Initial all corrections you make.

Keep a copy of your application for your records.

**PART A: Applicant Organization – Contact Information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Organization: | | | |  | | | | | | | | | | | | | | |
| Organizations Status: | | | |  | | | | | | | | | | | | | | |
| Registered Charitable Number: | | | | | | |  | | | | | | | | | | | |
| Name of Contact Person: | | | | | |  | | | | | | | | | | | | |
| Telephone number: | | | | |  | | | | | | | | | | | | | |
| Email address: | | |  | | | | | | | | | | | | | | | |
| Name of person(s) authorized by bylaw or constitution of the organization to sign financial agreements: | | | | | | | | | | |  | | | | | | | |
| Preferred language of communication: | | | | | | | | |  | | | | | | | | | |
| Mailing address: | |  | | | | | | | | | | | | | | | | |
| City: |  | | | | | | | | | Province or territory: | | |  | | Postal Code: | |  | |
| Organization Website (if applicable): | | | | | | | |  | |  | |  | |  | |  | |
|  | | | | | | | | | |  | | | | | | | | |

**PART B: Applicant Organization Previous Funding**

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| --- | --- | --- | --- | --- |
| Has your organization previously received funding for the Legion National Foundation? | | |  | |
| Please explain: |  | | | |
| Date of project: |  | | | |
| Funding amount: | |  | | |
| Provide a brief description of the funded project(s): If you have received previous funding on more than one occasion, attach description(s). | | | |  |

**PART C: Request for Funding - Project Information**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Title of project: |  | | | | | |
| Location of project – address: | | | |  | | |
| Requested funding start date: | | |  | | | |
| Nature of project: | |  | | | | |
| Requested funding completion date: | | | | | |  |
| Support Function Other (specify): | | | | |  | |
|  | | | | | | |

1) Describe the project. How will this project support one or more of the four pillars of support for Veterans and/or their families?

* Veteran’s Health and Wellness
* Scholarships and Bursaries
* Pilgrimages of Remembrance
* Remembrance Contests for Children

2) How will it engage Veterans? (Please attach a separate sheet if necessary).

3) Number of Veterans (retired or serving) involved:

**PART C: continued…**

4) How will this project be promoted? (Outline how your organization will ensure that the project is well publicized to the Veteran community)

5) Describe any naming benefits or recognition the LNF will receive as a result of this gift.

6) Describe in detail social media opportunities to recognize this funding.

7) Describe in detail the cheque presentation process. (In person or virtual)

8) If applicable outline how Veterans or their families are selected to attend this program.

9) How will you determine that you have successfully achieved your planned outcome(s)?

NOTE: A final report must be submitted at the conclusion of this project or at the one-year mark of funds being granted. The report will enable the organization to fulfil its obligation of accountability to the Legion National Foundation’s donors and Board of Directors.

**PART D: Project Budget**

**Planned expenditures:** What is the cost of your project?

* Itemize and list all planned expenditures, including in-kind. In-kind must also be reported as revenue.

|  |  |  |
| --- | --- | --- |
| Planned Expenditures | Cash $ | In Kind $ |
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|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Subtotal |  |  |
| Total Planned Expenditures – (A) |  |  |

**Anticipated revenue:** Indicate in the table below the sources of revenue you have secured/enlisted for this project.

* Financial support from other organizations or corporations, including The Royal Canadian Legion, federal funding, provincial funding and/or municipal funding.
* Donations in-kind (itemize and list).
* Your organization’s own funding.

If more space is required submit on a separate document.

|  |  |
| --- | --- |
| Source | Amount $ |
| Legion Branch support (identify branch) |  |
| Legion Provincial support (identify command) |  |
| Federal support (identify department) |  |
| Provincial/Territorial support (identify department) |  |
| Municipal support (identify municipality) |  |
| Other organizations (identify) |  |
| Private sector support (identify) |  |
| Donations |  |
| Your own funding |  |
| In-kind support (e.g. discounts, products, etc) |  |
| Other (specify) |  |
| Total anticipated revenue (B) | $ |
| Total planned expenditure (A) | $ |
| Minus total anticipated revenue (B) | $ |
| **FUNDING REQUESTED** | **$** |

**PART E: Attestation**

To be considered for funding, all boxes must be checked.

**I hereby attest that:**

* The information contained in this application is accurate and complete. If there is a change in authorized signatory(ies) and/ or their contact information, the organization will notify the Legion National Foundation.
* Legion National Foundation (LNF) funding may be used only for the purposes specified in this application.
* Funds not used for the specified purposes must be returned to the Legion National Foundation.
* The Organization, by its authorized agents, consents and authorizes the LNF to disclose any information received in the application within the LNF or to outside entities for the following purposes: to reach a decision on this application, and to administer, monitor, and evaluate the project after completion. The disclosure of any information received in  
  this application may also be used to reach a decision on any other application of the applicant for funding under any other program of the Legion.
* The Organization will take all necessary actions to maintain itself in good standing, to preserve its legal capacity and to inform the LNF without delay of any failure to do so.
* The Organization will comply with all applicable provincial/ territorial and federal legislation.
* The Organization will provide the required amount of liability insurance in regard to the proposed project.
* The Organization will obtain all the necessary authorities, permits, licences and consents to undertake the proposed project and, if required, will provide them to the Legion National Foundation.
* The LNF retains the right to establish the communications roles and responsibilities of the parties involved, with respect to official languages, corporate identity, visibility, publishing, marketing and promotional activities.
* The Legion National Foundation and its employees and agents shall not be held liable for any injury, including death to any person, or for any loss or damages to property incurred or suffered by the Organization or its employees, agents or voluntary workers in carrying out the Project.
* The Organization shall indemnify and save harmless the LNF and its employees from and against all claims, losses, damages and costs attributable to any injury or to death or a person or damage to or loss of property arising on the part of the Organization or its employees, agents or voluntary workers in carrying out the Project.
* The Organization agrees that no agency relationship will result from the Legion National Foundation contributing toward the activities funded.
* The Organization agrees to submit a final report, and where required, financial accounting, to allow the Legion National Foundation to evaluate the activities funded.
* This application constitutes a legally binding agreement between the Organization and the Legion National Foundation and is effective the date the funding is approved by the LNF.

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| --- | --- | --- |
| Name of the person authorized to sign for the organization (print) |  | Title |
| Signature |  | Date |