

APPLICATION FOR COMMUNITY GIVING

Applicant Information

1. Charitable organization:

2. Charitable Status Number (if applicable):

3. Date of Application:

Example: January 7, 2019

4. Projected start and end date of project:

5. Name of Program (if applicable):

6. Contact Name:

Address:

7. City:

8. Province:

9. Postal Code:

10. Phone:

11. Email:

12. Fax:

Funding

13. Type of Funding Requested

Mark only one oval.

- Capital Equipment
- Pilot Project
- Programs & Services
- Education & Training
- Research
- Additional funding for previously approved project

14. Amount of Funding Requested

Funding Request Details

15. Which social determinants of health will be supported by this

Check all that apply.

- Income and social status
- Social support networks
- Education and literacy
- Employment/working conditons
- Social environments
- Physical environments
- Personal health practices and coping skills
- Healthy child development
- Biology and genetic endowment
- Health services
- Gender
- Culture

16. In 3 sentences please summarize this project:

17. Description of Project: (things to consider including, what is the spend per person impacted in delivery or project, research/planning budget vs. execution, number of staff/volunteers involved, partner organizations for delivery)

18. What are the objectives?

19. Which of the following does this project impact?

Check all that apply.

- Health equity
- Health access
- Health promotion

20. Elaborate how? (previous question)

21. Have you been successful in obtaining funding previously for projects, if so please provide details of outcomes.

22. How many unique patients will this impact?

23. What is the total project budget?

24. How will outcomes/success of this project be measured:

25. When can we expect to receive an update on outcomes on this project if funding is approved?

26. What is the duration of project and how far will the applied for funding take the project?

27. Please list community partners involved in this project:

28. Describe how this project is servicing an area of care in the community that is currently not being addresses or requires additional support:

29. Should funding be approved will you be able to provide anecdotal stories with clients service that we can share with donors?

30. Is this program sustainable long term beyond the funding applied for? Please elaborate.

31. Have you applied to other funding streams for this project? If so which ones.

Please provide a copy of the following:

1. A project outline and/or supporting material related to the project
2. Any other sources of funding

Please note, should you be successful in your application a detailed financial summary of spending will be required by April 1/January 1

This content is neither created nor endorsed by Google.

