

VOCM Cares Foundation Funding Application

SECTION ONE - APPLICANT

Please provide the requested information. If necessary, attach additional information to this form.

Name of Organization:

Address:

Telephone:

Fax:

Email:

Website:

If you have made application to the Foundation within the last 24 months, you need not complete the highlighted section. If this is your first time applying, all questions must be answered.

Charitable Mandate (Mission Statement):

Legal Status: (i.e. Not-for-profit, cooperative, with or without charitable status). Please provide registered charitable number:

Principle Officers of your organization:

BOARD MEMBERS:

Name:

Position:

Telephone:

Name:

Position:

Telephone:

STAFF:

Name:

Position:

Telephone:

When was your organization started?

Please attached or mail in Annual Report and Financial Statements

SECTION TWO – PROJECT DESCRIPTION

Name of Project:

Objective(s) of Project (measurable outcomes):

What methods will be used to measure project effectiveness?:

Who will manage the Project:

Project Duration:

Start date:

Finish date:

Project budget (Costs/Revenues only). Please outline detailed budget including in-kind donations/services and the contributor).

Are there plans to continue this project? Explain.

Will the project demonstrate a new or unique approach in the community? Explain.

How will the project be evaluated?

SECTION THREE – COMMUNITY PRIORITY/PLANNING

Why is this project a priority in the community?

Does a similar project exist in your community? If so, please identify and state why your organization is involved in a similar initiative.

Is the issue/condition that will be addressed by your project a new, emerging or long-standing issue?:

How many people does the issue/condition affect?

Will other community organizations be involved with this project? If so, please list name and type of involvement.

Are there other funding partners? Private sector, other foundations, and/or government?

How do you plan to acknowledge the contribution of the VOCM Cares Foundation?

Specific dollar amount requested from the VOCM Cares Foundation:

Name and telephone number of contact person:

Date: