

*"The primary focus of the Foord Family Foundation is to improve the quality of life for children and youth."*



**Foord Family**  
FOUNDATION

PO Box 1240, Vernon, BC V1T 6N6 • [info@foordfamilyfoundation.org](mailto:info@foordfamilyfoundation.org)

## GRANT APPLICATION FORM

**Please submit this form along with the applicant organization's financial statements by May 3, 2019**

### APPLICANT ORGANIZATION

Legal Name:

Mailing Address:

Telephone:

Website:

Executive Director:

Email:

Email:

Contact and Title:  
*(If different from Executive Director)*

Date of founding:

Charitable Registration #

*(All requests must have the above 15 character registration number as provided by Canada Revenue Agency)*

### PROJECT ORGANIZATION *(If applicable)*

Name:

Address:

Telephone:

Website:

Executive Director:

Email:

Contact and Title:

Email:

Date of founding:

**ORGANIZATION'S MISSION STATEMENT/STATEMENT OF PURPOSE (Max 100 words)**

Number of paid staff:                      Full Time:                      Part Time:

Number of Volunteers *(not including Board Members)*:

Title of initiative:

**PURPOSE OF FUNDING REQUEST**

Grant will be used for **(Check all that apply)**:

Service Expansion/Improvement

New Program

Capital Expenditures *(if so, attach 2 quotes for THE FUNDING REQUEST on page 3 )*

Administration

Amount of Grant Requested: \$

When would these funds be required?

Total amount required? \$

## THE FUNDING REQUEST

What will the funding be used for? For example, if funding is to be used for a program what is the program, how many will be served, and what are the anticipated results/benefits? **(Max 350 words)**

## ACHIEVING RESULTS WITH THE FUNDING

What activities will you undertake to achieve the intended results? **(Max 150 words)**

What knowledge, skills and experience does your organization have which qualify it to achieve the desired results?  
**(Max 150 words)**

Will volunteers be involved?

Yes (If so, how many?)

No

Time period this funding covers:

### **COMMUNITY SUPPORT/CO-ORDINATION**

If this is for service expansion, a new program, or capital expenditures; describe any community support you have gathered and how will you co-ordinate your plans with others who are servicing similar needs or populations? How is your initiative different from other existing services? How is it better?

**(Max 200 words)**

## PROJECTED BUDGET NEEDED TO REACH STATED RESULTS

### Expenditures:

<b>Salaries</b>	
<b>Rent/Utilities</b>	
<b>Other Costs</b>	
<b>Capital Costs</b>	
<b>TOTAL</b>	

### Revenue: *(List all potential partners/ sources of funds and results to date)*

<b>Source</b>	<b>Purpose for which these funds will be used</b>	<b>Amount</b>	<b>Status</b>
<b>TOTAL</b>			

## OTHER FINANCIAL CONSIDERATIONS

What would happen if the Foord Family Foundation provided only a portion of the amount requested?

(Max 80 words)

If this is an on-going program, how will it be sustained after the initial funding period? (Max 80 words)

Have you previously received a grant from the Foord Family Foundation?      Yes              No

Amount of grant: \$                              Date received:

If so, what was the grant used towards and **what was the outcome?** (Max 100 words)

Where did you hear about us?

Previous Applicant

Online (please specify)

Other (please specify)

**AUTHORIZATION** *(This application must be signed by two Board Directors or one each of the Executive Director and a Board Director)*

Do you understand that as an applicant, you are responsible for the grant monies and for the successful completion of this initiative? *(Check box below)*

Yes

Do you understand that should you receive a grant from the Foord Family Foundation, you are required to submit a final report within one year of receiving the grant? *(Check box below)*

Yes

\_\_\_\_\_  
Signature of Applicant Organization  
Executive Director/First Director

\_\_\_\_\_  
Signature of Applicant Organization  
Second Director

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Position

\_\_\_\_\_  
Position

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**PLEASE ATTACH THE ORGANIZATION'S MOST RECENT FINANCIAL STATEMENTS**