



Mary Brown Memorial Fund

GRANT APPLICATION FORM 2022

Application Deadline: *(date)*

Funding Decision: *(date)*

We are inviting individual or collaborative proposals from organizations working with persons and families who have challenges in the area of disability, including dementia and mental health. The following form is to be completed by each participating organization. At the present time, grants may be awarded up to a maximum of \$10,000.

1. Organization Information

Organization Name: _____

Contact Name: _____

Address: _____

Email: _____ Telephone: _____

Incorporation #: _____ Incorporation Date: _____

Revenue Canada Charitable Registration Number _____

Number of paid Staff: Full time _____ Part time _____

Number of Volunteers: _____

Attachments Provided:

X indicates items are attached. Not all items may be applicable. Explain if not available.

1		Brief description of mission, goals and objectives of the organization, services provided, target population, geographic area served and the number of people served last year.
2		List of Board of Directors and Officers
3		Most recent financial statements and annual report
4		Income and expense budgets for: <ul style="list-style-type: none"> ▪ Last fiscal year ▪ Current fiscal year ▪ Next fiscal year
5		Most recent interim financial statements for the current year

	6	A recent newsletter, brochure or link to a website
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2. Grant Request

Amount Requested: _____

When are funds needed? _____

Type of grant requested:

_____ Special or demonstration project _____ General operating support

Duration of project: _____

Projected starting date: _____ Completion date of project: _____

* It is a requirement of this funding that a detailed report be submitted at the completion of the project. This summary of the project impacts may be both quantitative and qualitative, for example: number of people served, sessions held, etc. and anecdotal reports of benefits or clients' experiences.

Attachments provided:

Attachments should be identified but need not be on separate pages. Mark an X for attached items

	7	A brief statement of the purpose, goals and objectives of the project, and its relationship to the overall goals of the organization. For example, will the proposed funding supplement existing programs or initiate a new project? This may be in point form.
	8	In the proposed project, would you envisage cooperation with other relevant local agencies? Describe consultations held with other organizations or experts in this field.
	9	Cite evidence of the need for the project, stating its significance to the community.
	10	Indicate how you will measure impacts – i.e. the success of the project in relation to its goals and objectives.
	11	If you are requesting funds to support an existing program, provide both qualitative and quantitative evidence supporting the effectiveness of the program you have been delivering. For example.... i. How many clients are currently being served? ii. To what extent the program has been judged successful by your clients? iii. Does the intervention have lasting effects? iv. What are the individual and family responses following counselling of individual clients? v. How do you triage and then decide which of your clients should be referred?
	12	Outline the capacity of your group to conduct the project.
	13	A complete detailed project budget (see below).

3. Authorization

This application must be signed by the Chairperson, President or Treasurer of the applicant organization:

Name: _____

Position: _____

Signature: _____

Date: _____

PROJECT BUDGET

Please indicate any other current projects in this field which you are running, and the budgets.

Will the proposed funding supplement these programs or initiate a new project?

Project Expenditures:

Salaries/benefits \$ _____

Professional fee/honoraria \$ _____

Other (specify):

_____ \$ _____
_____ \$ _____
_____ \$ _____

TOTAL Project Expenditures \$ _____

Project Funding:

Requested from the Sooke and Juan de Fuca Health Foundation: \$ _____

Are you applying to other funders? (specify):

_____ \$ _____
_____ \$ _____
Do you have confirmed funding from other sources? (specify):
_____ \$ _____
_____ \$ _____
TOTAL Project Revenue: \$ _____

Receipt of a grant application will be acknowledged. A meeting with one or more Foundation Board members may be required during the review process, and reference sources will be consulted concerning your application. The review process will be completed within one month of the application deadline.

For Foundation Use Only

Application # _____

Date Received: _____