



Mary Brown Memorial Fund

GRANT APPLICATION FORM 2021

Application Deadline: October 31, 2021

Funding Decision: *December 2021*

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"> <li>▪ Last fiscal year</li> <li>▪ Current fiscal year</li> <li>▪ Next fiscal year</li> </ul>
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	Outline the capacity of your group to conduct the project.
	12	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.

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For Foundation Use Only

Application # \_\_\_\_\_

Date Received: \_\_\_\_\_