Brandon Regional Health Centre FOUNDATION

Grant Application
(Outside Agencies)

Agency Information   Date _____

Name of organization _____

Charitable registration # __ __ __ __ __ __ __ __ __ RR 0001

Address _____

Postal code _____ Telephone _____ Fax _____

Year established _____

Number of employees: Full-time _____ Part-time _____

Primary contact person _____

Title _____

Telephone _____ E-mail _____

Grant Request

Amount requested _____

Synopsis (in 2-3 sentences, briefly describe your project)

_____

_____

_____

_____

This application must be signed by the Chairperson, President, Treasurer or Executive Member of the Board of Directors of your organization.

_____   _____
Signature   Title

Project description

Please provide the following information:

1. *Describe the equipment/project, including the purpose of the project and goals.

2. Cite evidence of need for the equipment/project, stating its significance to the population served.

3. Indicate how you will measure the success of the project.

4. Provide a detailed budget for the project along with a list of other funding sources approached and responses to date.

5. Identify sources of financial support for the ongoing operating costs.

Grant applications must be project based, operating costs will not be considered.

Agency information

Briefly provide the following information:

1. What is the purpose of the organization?

2. What services are provided? (Include target population, geographic area and approximate number of people served.)

3. What is the annual operating budget?

4. Who are the major operational funders?

5. Has the organization received a grant from the Brandon Regional Health Centre Foundation in the last 5 years? ___ Yes ___ No

Please include these attachments:

- List of Board of Directors and Officers

- Most recent audited financial statement and annual report

- Income and expense budget for the current fiscal year

- A recent agency newsletter or brochure

Mail completed application with attachments to:
Brandon Regional Health Centre Foundation
150 McTavish Avenue East, Brandon, MB R7A 2B3
or email
info@brhcfoundation.ca
For more information
204-578-4226
email:info@brhcfoundation.ca