



## Granting Program Application

### 1: Agency/Organization:

“Registered Name” \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone # \_\_\_\_\_ Email Address \_\_\_\_\_

Are you registered Society of B.C.? \_\_\_\_\_ Other? \_\_\_\_\_

Do you have charitable status? \_\_\_\_\_

2: Name of person responsible for this grant \_\_\_\_\_

Telephone # \_\_\_\_\_ Email address \_\_\_\_\_

3: Amount requested: \_\_\_\_\_

4: Description of item/service

**5: Healthcare value to the Community: (numbers served, projected results. Methods of evaluating success, impact).**

**6: Rationale for request:(funding shortfall, new program, expansion of current program).**

**7: Include with your application:**

- . Prior years financial statements**
- . List of Board of Directors**
- . Copy of Certificate of Registration/Incorporation**