



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**