



COMMUNITY HEALTHCARE GRANTS PROGRAM

APPLICATION INSTRUCTIONS

Please read this Grant Application form and instructions carefully.

1. Please complete both Sections I: Application Information and Section II: Project Information in their entirety and submit – typewritten. All number all pages.
2. No handwritten or faxed applications will be considered.
3. Selecte only one of the two options in Section 1 and ensure you have entered your organizations CRA **Registered Charitable Number** or that of your sponsored intermediary organization.
4. If your project involves an elementary or secondary school, a letter of permission much be attached from the school board.
5. Prepare one original and mail in, email an electronic copy and keep one copy for your own records.
6. The application **must be** for a project or piece of equipment that will have a direct health care benefit for our Quinte West and Brighton Community.
7. **Please note, Kay Stafford will not fund:**
 - Operating costs, including provision of staff.
 - Travel-related events, including student trips or tours
 - The addition, creation or repair of buildings.
 - Sponsorships of sports teams
8. Please submit by mail or in person to:

Kay Stafford Memorial Fund
Trenton Memorial Hospital Foundation
242 King St.
Trenton ON K8V 5S6

DEADLINE: Wednesday, February 29, 2012

All Applicants will receive notification by mail upon completion of review. Please allow 8-12 weeks to hear from the committee. If successful Awards will be made at the TMHF Annual General Meeting on Thurs. June 21, 2012. PLEASE NO PHONE CALLS.

SECTION I: APPLICANT INFORMATION

Name of Applicant Organization: _____

Contact: _____ **Title:** _____

Contact Tel No: _____ **Cell No.:** _____

Email: _____ **Fax No.:** _____

Mailing Address: _____

City: _____ **Prov.:** _____ **Postal Code:** _____

Web Address (if available): _____

Date of submission: _____

Charitable Registration Number: _____

Signatures of Officers	Print Name	Title
1. _____	_____	_____
2. _____	_____	_____

Date your Board approved this Application: _____

Our project is **sponsored and supported by an intermediary organization** (must be a registered charity or a Municipality).

Name of Intermediary Organization: _____

Contact at Intermediary and Title: _____

Mailing Address: _____

City: _____ **Prov:** _____ **Postal Code:** _____

Tel #: _____ **Email:** _____

Intermediary's CRA Number: _____

Date of Intermediary's Board Approval of Application: _____

Signatures of Officers	Print Name	Title
1. _____	_____	_____
2. _____	_____	_____

If applicable, please provide information about your sponsoring organization. Briefly state how your organization is "related" to the sponsoring organization. Especially as they relate to the current project.

SECTION I: APPLICANT INFORMATION - Continued

1. **Project Title:** _____
2. Briefly describe the history of your organization within this community.
3. Explain the structure of your organization and current membership (numbers, and geographical base)
4. Please provide a list of your Executive or Board of Directors.
5. (If Applicable) Tell us about your organizations past achievements with Kay Stafford funding.
6. Please provide the most recent Audited Financial Statements for your organization.
Along with:
Total Cost of Project: (submit 3 quotes) \$ _____
Amount Requested from Kay Stafford Fund: \$ _____
Amount Your Organization is Funding: \$ _____
Amount Your Partners are Funding: \$ _____

SECTION II: PROJECT INFORMATION

1. **Project Summary:** Provide a 50-word description and how it will impact the healthcare of our community and how many in the community will benefit.
2. **Partnerships**
(i) Are you working with any community partners on this project?
(ii) Are there other funding groups that you have approached (or will be approaching) to help fund this project? If so, who?
3. How did you identify the need for this project?
4. Is this project different from existing projects that your organization is undertaking?
5. How have you planned to continue with this initiative?
6. How will you measure your success in achieving the objectives of this project?
7. How will you acknowledge the contribution of the Kay Stafford Memorial Fund if you are successful with your application?
8. While it is not required, you may submit supporting information such as: news releases, reference letters, product information etc. that you feel would assist the KS committee when reviewing your application.