



KAY STAFFORD MEMORIAL FUND

COMMUNITY HEALTHCARE GRANTS PROGRAM

GRANT APPLICATION INSTRUCTIONS

Please read this Grant Application form and instructions carefully. If you have any questions about any part of this form, please contact the TMH Foundation office.

1. Please complete all sections of this form, number all pages and ensure the contact person will be available.
2. No handwritten applications will be considered.
3. Complete the check list below for your own use. Keep this checklist and a copy of your completed Grant Application form for your records.
4. Prepare one original and 4 copies of the complete Grant Application form.
5. Please submit by mail or in person to:
Kay Stafford Memorial Fund
Trenton Memorial Hospital Foundation
242 King St.
Trenton ON K8V 5S6
6. No faxed or electronic copies will be considered.

GRANT APPLICATION CHECKLIST

Use this checklist to ensure your Grant Application Form is complete and ready to submit to the TMH Foundation.

- Ensure the Application Contact information is correct and that person is available.
- Ensure you have selected only one of the two options in Section 1 and that you have entered your organizations Registered Charitable Number as issued by the Canada Revenue Agency. If you do not have a Charitable Number, enter that of your approved intermediary organization and their contact details.
- If your project involves an elementary or secondary school, a letter of permission must be attached from the school board.
- Submit the original plus 4 copies of the Grant application form.
- Copy of Grant Application form kept for your records.

SECTION I: APPLICANT INFORMATION

Name of Organization: _____
Mailing Address: _____
City: _____ **Prov.:** _____ **Postal Code:** _____
Web Address if available: _____
Contact and Title: _____
Contact Tel No: _____ **Cell No.:** _____ **Fax No.:** _____
Email: _____
Date: _____

Your Organization

Please provide information about your organization and if applicable your sponsoring (intermediary) organization.

1. Briefly describe the history
2. Structure of your organization
3. Past achievements.

Select the most appropriate of the following two options and fill in the fields below:

Our organization is a charity registered with the Canada Revenue Agency (CRA)

On What date did your Board approve this Application: _____
Charitable Registration Number: _____
Signatures of Officers: 1. _____ 2. _____

OR

Our project is supported by an intermediary organization that is either a charity registered with the CRA or a Municipality.

Name of intermediary organization: _____
Mailing Address: _____
City: _____ Prov: _____ Postal Code: _____
Contact at Intermediary and Title: _____
Date of Intermediary's Board approval of application: _____
Intermediary's CRA Number: _____
Signatures of Officers: 1. _____ 2. _____

NAME OF PROJECT: _____

Total Organization Budget: _____ Total Cost of Project: _____

Amount Requested: _____

SECTION II: PROJECT INFORMATION

1. **Project Summary:** A 50-word description of your project.
2. **Project Description:**
What are the main objectives of your project? What methods or activities will you implement to achieve these objectives? How will the community benefit from this project? How many in the community will benefit from this project?
3. **Existing Capacity**
Why do you think this project will be successful? What strengths does your organization possess that will ensure a positive outcome?
4. **Community Collaboration/Partnerships**
Are there other partners within the community working on this project with you? If so, who? Do you have supporting letters from them? How will you coordinate this project with them?
5. **Needs Assessment and Planning**
How did you identify the need for this project?
6. **Innovation**
What will you be doing with this project that is different from existing projects your organization is undertaking?
7. **Funding**
Are there other funding groups that you have approached (or will be approaching) to help fund this project? If so, who?
8. **Sustainability**
If appropriate, how have you planned to continue with this initiative?
9. **Evaluation**
How will you measure your success in achieving the objectives of this project? How will you share your lessons with the community?
10. **Your Organization**
(If applicable, please provide information about your sponsoring organization) Briefly state the history and structure of your organization and past achievement. Especially as they relate to the current project. Also, please state the purpose of your organization, your mission statement of other guiding principles.
11. **Acknowledgement**
How will you acknowledge the contribution of the Kay Stafford Memorial Fund if you are successful with your application?