



## COMMUNITY HEALTH CARE GRANT APPLICATION

**THE GRANT YOU ARE SEEKING MUST BE FOR:  
THE BENEFIT OF, OR TO ENHANCE OR IMPROVE THE SERVICES AND CARE AT  
QHC TRENTON MEMORIAL HOSPITAL.**

### **GUIDELINES**

<b>Application Deadline:</b>	12:00 pm Friday March 31, 2017
<b>Contact Person:</b>	Wendy Warner, Executive Director TMHF 613-392-2540 ext 5403
<b>Directions to Submit Grant:</b>	Please email package to <a href="mailto:info@tmhfoundation.com">info@tmhfoundation.com</a>
<b>Notification of Award:</b>	Applicants will be notified by May 1, 2017
<b>Awards:</b>	The awards are determined by a volunteer committee based upon available dollars from the fund, number of applications and whether the grants meets all requirements.

### **Kay Stafford will fund only:**

- Health Care related projects
- Projects taking place in Quinte West/Brighton region
- Registered or partnered with non-profit organizations
- Projects/Equipment that will benefit Trenton Memorial Hospital

### **Kay Stafford will not fund:**

- Construction costs
- Operating costs (hydro, water, etc.)
- Cost of personnel
- Advertising and promotional costs

**NOTE:** Of special interest this year to the Kay Stafford Fund – will be projects that work towards education, diagnosis or treatment of: COPD, PTSD, and Diabetes.



242 King St. Trenton ON K8V 5S6  
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tmhfoundation.com



**SECTION I: APPLICANT INFORMATION**

**Name of Organization:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Tel No:** \_\_\_\_\_ **Cell No.:** \_\_\_\_\_

**Fax No.:** \_\_\_\_\_ **e-mail:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Prov.:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Website:** \_\_\_\_\_ **Twitter:** \_\_\_\_\_ **Facebook:** \_\_\_\_\_

1.  Our organization is a registered charity. CRA #: \_\_\_\_\_

Date your Board approved this Application: \_\_\_\_\_

Signatures of Officers:

1. \_\_\_\_\_ 2. \_\_\_\_\_

Names - printed

\_\_\_\_\_

**OR**

Our project is supported by: Intermediary Organization: \_\_\_\_\_

Intermediary's CRA Number: \_\_\_\_\_

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

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Contact at Intermediary and Title: \_\_\_\_\_

Date of Intermediary's Board approval of application: \_\_\_\_\_

Signatures of Officers: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Names - printed \_\_\_\_\_

2. Briefly describe the history of your organization within the Quinte West/Brighton community. Please include your geographical reach, and population.

3. Please provide a list of your current Board of Directors or Executive Officers.

4. Please provide your latest Audited Financial Statements.

**SECTION II: PROJECT INFORMATION**

1. Please describe your project and how it will: *benefit, enhance or improve patient care at QHC Trenton Memorial Hospital.*
2. How many people within the Quinte West/Brighton region will benefit directly from this project/equipment?
3. Where in Quinte West/Brighton will this project/equipment be located?
4. How did you identify the need for this project?
5. Have you applied for funding before from the Kay Stafford Fund? If so, were you successful? When? For What?
6. Total Cost of Project: \$ \_\_\_\_\_  
Amount being funded by other organizations etc. \$ \_\_\_\_\_  
Amount your organization is funding: \$ \_\_\_\_\_  
Amount Requested from Kay Stafford Fund: \$ \_\_\_\_\_  
*\*N.B. Please submit 2-3 quotes if possible.*
7. How will you measure your success in achieving the objectives of this project?
8. If successful, how will you acknowledge the contribution of the Kay Stafford Memorial Fund?

N.B. While it is not required, if you have any news releases, reference letters, product information etc. that you feel would assist the KS committee when reviewing your application, please submit.

Please review your application to ensure you have provided the information requested for each question. **Incomplete applications will not be considered.**

Applications must be received no later than Friday March 31, 2017 at 12:00 pm.