

**THE GRANT YOU ARE SEEKING MUST DEMONSTRATE HOW IT WILL
BENEFIT OF, ENHANCE OR IMPROVE THE SERVICES AND PATIENT CARE AT
QHC TRENTON MEMORIAL HOSPITAL.**

GUIDELINES

Application Deadline:	12:00 pm Friday April 17, 2020
Directions to Submit Grant:	Please email package to info@tmhfoundation.com Only an electronic version of your grant is required
Notification of Award:	Applicants will be notified no later than May 15, 2020
For grant inquiries contact:	Wendy Warner, Executive Director TMHF 613-392-2540 ext 5403

Kay Stafford will ONLY fund:

- Groups **must** have a registered CRA number or be partnered with non-profit organization
- Health Care related projects
- Projects taking place in Quinte West (Frankford, Consecon, Batawa etc.) and Brighton region
- Projects must demonstrate how they will benefit Trenton Memorial Hospital

Kay Stafford will NOT fund:

- Advertising and promotional costs
- Construction costs
- Cost of personnel (educational speakers excluded), meals or travel
- Operating costs (hydro, water, etc.)
- Taxes or shipping charges

The awards are determined by a volunteer committee based upon:

- available dollars from the fund,
- number of completed applications,
- whether the application demonstrates its benefit to Trenton Memorial Hospital.



242 King St. Trenton ON K8V 5S6
T613-392-2540 ext 5401 F613-392-3749

KAY STAFFORD COMMUNITY GRANTS APPLICATION

SECTION I: APPLICANT INFORMATION

Name of Organization: _____

CRA#: _____, or Partnering Organization (PO): _____

PO Contact Name: _____ Title: _____

PO Tel: _____ e-mail: _____

Organization Contact: _____ Title: _____

Tel No: _____ Cell No.: _____ e-mail: _____

Mailing Address: _____

City: _____ Prov.: _____ Postal Code: _____

Website: _____ Twitter: _____ Facebook: _____

1. Please state the **Mission** of your organization and **how many people** your organization connects with in the Quinte West - Brighton community annually.

2. Please provide a list of your current Board of Directors including Executive Officers.
3. Please provide your latest Audited Financial Statements.

SECTION II: PROJECT INFORMATION

1. Please name your project: _____
2. Please describe how your project will: *benefit, enhance or improve patient care at QHC Trenton Memorial Hospital.*
3. How many people will directly benefit from your project within the Quinte West - Brighton? _____
4. Where will this project take place, or equipment be located. _____
5. How will you measure your success in achieving the objectives of this project?
6. What is the main objective you hope to achieve with your project?

7. If successful, how will you acknowledge the contribution of the Kay Stafford Memorial Fund?

8. Have you applied for funding before from the Kay Stafford Fund? Yes ___ No ___
If so, were you successful? When? For What?

If yes, Year _____ Received: \$ _____
Year _____ Received: \$ _____
Year _____ Received: \$ _____

Also, if you have been successful in the past year, please attach proof of your acknowledgement of the Kay Stafford grant in addition to how you measured your success and met (or not met) your objective.

9. Total Cost of Project: \$ _____
Amount your organization is funding: \$ _____
Amount being funded by other organizations etc. \$ _____
Amount Requested from Kay Stafford Fund: \$ _____

**N.B. If equipment, please submit 2-3 quotes if possible.*

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 April 17, 2020 at 12:00 pm.