

The late Kay Stafford donated over \$1.2 million to the Trenton Memorial Hospital Foundation. Her intent was that the principle be invested and only the investment income gifted each year. Her wishes were for 75% of the investment be donated annually to local not-for profit groups that can demonstrate how their project will benefit the health of the residents within the Trenton Memorial Hospital Catchment area. Her gift will live on forever. To-date, TMHF has given away more than the original principle.



GUIDELINES

- Application Deadline:** 12:00 pm Friday April 9, 2021
- 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, 2021
- Determination of the awards** Each application is vetted by a volunteer committee based upon:
- The available dollars from the fund,
 - The number of completed applications, and
 - Whether the application demonstrates clearly its benefit to Trenton Memorial Hospital,
 - 2021 – special consideration for projects to enhance Covid Safety Protocols, but not mandatory.
- For grant inquiries contact:** Wendy Warner, Executive Director 613-392-2540; x5403

Kay Stafford will ONLY fund:

- Groups **must** have a registered CRA number or be partnered with non-profit organization or Municipality of Quinte West
- Projects that benefit the health and well being of our community
- Projects taking place in Quinte West (Frankford, Consecon, Batawa etc.) and Brighton region
- Projects must demonstrate how they will benefit benefit of, enhance or improve the services and patient care at QHC 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

KAY STAFFORD COMMUNITY GRANTS APPLICATION

SECTION I: APPLICANT INFORMATION

Name of Organization: _____

Organization Contact: _____ Title: _____

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

Mailing Address: _____

City: _____ Prov.: _____ Postal Code: _____

Website: _____ Twitter: _____ Facebook: _____

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

PO Contact Name: _____ Title: _____

PO Tel: _____ e-mail: _____

1. Please state the **Mission** of your organization.
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 9, 2021 at 12:00 pm.