

Strathcona Seniors Benevolent Foundation Application

Please ensure you are eligible for program or project funding before filling out the application. Enter the required information in the space provided.

ORGANIZATION INFORMATION					
1. Full legal name of applicant organization:					
2. If operating under a different name, identify the name:					
3. Mailing address (including suite, unit, apt #):					
4. Mailing address line 2:					
5. City:		6. Province/Territory/State:		7. Country:	
8. Postal/ZIP code:		9. Telephone:		10. Fax:	
11. Email address:		12. Website:			
13. Canada Revenue Agency organization number:					
14. Date your organization established operations in Canada:					
15. Number of employees working for your organization:					
16. Operating facilities existing in (check all that apply):		British Columbia	Alberta	Saskatchewan	Manitoba Other
17. Is the applicant organization only operating in the City of Campbell River and/or area D?					Yes No
18. Indicate all that apply:	18a. Program seeking funding is solely for Campbell River and/or Area D 18b. Sub-organization seeking funding only exists in Campbell River and/or Area D 18c. Funding will only be spent in Campbell River and/or Area D - explain:				
19. Your organization is headquartered in:		BC	AB	SK	MB Other Province/Territory Outside Canada
20. Is your organization a subsidiary of another larger organization or network?			Yes No		
21. If Yes, provide the organization name and location:	21a. Name:				
	21b. Location:	BC	AB	SK	MB Other Province/Territory Outside Canada
22. If so, is your organization financially able to dedicate these funds to benefit Campbell River and/or Area D, please explain:					

PROJECT INFORMATION							
23. Project title: (maximum 90 characters including spaces)							
24. If the project address is different from the above mailing address please provide it below.							
25. Project address (including suite, unit, apt #):							
26. Project address line 2:							
27. City:				28. Province:			
				29. Postal code:			
30. Proposed project funding start date:						31. Proposed project funding end date:	
32. Primary project activities that support the Foundation's objectives (list up to 8):							

PRIMARY PROJECT CONTACT							
33. Salutation:				34. First name:			
				35. Last name:			
36. Title:							
37. Email address:						38. Telephone:	
						39. Cell:	

SECONDARY PROJECT CONTACT							
40. Salutation:				41. First name:			
				42. Last name:			
43. Title:							
44. Email address:						45. Telephone:	
						46. Cell:	

PROJECT DESCRIPTION
47. Briefly describe your project in plain language. This is an important section as it will be used in summary documents to describe your project at various review stages. (maximum 500 characters including spaces)
48. Describe your project's objectives and how they meet the objectives of the program. (maximum 2000 characters including spaces)

FINANCIAL						
49. Project funder	Source	Confirmed?	2021-2022	2022-2023	Future Years	Total
Applicant firm		Yes No	\$	\$	\$	\$
Amount requested from Foundation	<input checked="" type="checkbox"/> Non-Profit	<input checked="" type="checkbox"/> Requested	\$	\$	\$	\$

	Gov't, Federal Gov't, Provincial Gov't, Municipal Non-Gov't	Yes No	\$	\$	\$	\$
	Gov't, Federal Gov't, Provincial Gov't, Municipal Non-Gov't	Yes No	\$	\$	\$	\$
	Gov't, Federal Gov't, Provincial Gov't, Municipal Non-Gov't	Yes No	\$	\$	\$	\$
	Other type explain:	Yes No	\$	\$	\$	\$
Total project funding required:			\$	\$	\$	\$

Applications must demonstrate that funding from other sources have been confirmed or when they are expected to be confirmed, if project costs are above the amount being requested through this application.

CONFIRMATION OF FUNDING ATTACHMENTS

51. It is mandatory that you attach proof of all confirmed funding. Yes, it is attached / or no? (Circle correct response)

52. Comments on project funding. Specifically comment on the origin and composition of your organization's confirmed funding. (maximum of 500 characters including spaces) *

53. Key Project Costs List the Capital and Non-capital costs you will incur during the implementation of this project (only include costs incurred after the project funding start date).	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$

Total Project Costs (must equal total project funding required): \$

54. Please attach the last two years of year end statements if available and circle statement type (only applicable for organization's in operation for less than 5 years):	Externally audited Internally prepared	Review engage- ment None available	Notice to reader
55. What were your revenues from your most recent fiscal year end?			
56. Has your organization previously received funding from the Foundation?			Yes No

MANAGEMENT

57. Describe your organizational capacity to complete this project. Indicate how oversight will be provided to the project. (maximum 1500 characters including spaces)

58. Provide a list of those who will lead this project. Include relevant prior experience, education, professional designation(s), and other achievements. Highlight relevant expertise that will facilitate your project's success. (maximum 1500 characters including spaces)

58a. Specify the size of the project management team.

58b. Specify the number of individuals comprising the project management team who belong to each of the following groups if applicable:

- Seniors or have worked with seniors
- Indigenous elders (First Nations, Inuit, Métis)
- Social Worker(s)

59. Is your organization led by a board of directors? Yes No

60. Identify any strategic partnerships you are involved with that will assist in supporting your project:

External Advisors/ Advisory Board Joint Ventures Strategic
Alliances Angel Investors None

60a. If other than "None", explain how the strategic partnerships selected above will assist in supporting your project. (maximum 1000 characters including spaces)

AUTHORIZED OFFICIAL OF THE APPLICANT ORGANIZATION ACKNOWLEDGEMENTS

On behalf of the Applicant Organization, I hereby acknowledge and agree that:

- This application does not constitute a commitment from the Strathcona Seniors Benevolent Foundation (Foundation) for financial assistance.
- I have read the application eligibility criteria.
- Project costs incurred by the Applicant Organization in the absence of a signed funding agreement with the Foundation are incurred at the sole risk of the Applicant Organization and that any such costs may not be considered eligible for Foundation assistance unless agreed to by the Foundation.

I authorize the Foundation, its officials, employees, agents and contractors to make enquiries of my organization (listed above as the applicant) for information relevant to this application and the described project above as may be appropriate, and to collect and share relevant project information with them, as Foundation deems necessary in order to assess this application, to administer and monitor the implementation of the subject project, and to evaluate the results of the project.

70. I have read and agree with the above applicant acknowledgements and certify that all statements and information furnished in this application are true, complete, and correct to the best of my knowledge.

71. Name:		Position Title		Date	
Signature of person with signing authority for the applicant organization:					