

**McCALLUM, McBRIDE FUND**

 **2018-19**

**APPLICATION FORM - Part 1 of 2**

**Due Date: October 12, 2018**

#### In order for your application to go forward, signatures on this form must be of those persons from the organization holding charitable status.

**ALL APPLICANTS MUST PROVIDE:**

* Two complete copies of the application (including all supporting documentation)
* A copy of the project budget
* A list of current Board members
* A copy of the most recent audited financial statements
* A copy of the organization’s operating budget for the current year
* Signature of the Chair of the Board of Directors and the Executive Director (page 6) indicating authorization of the application by your organization’s Board of Directors
* A signed copy of the partnership agreement between the applicant and the sponsoring agency, if applicable

# Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Executive Director Signature**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Executive Director Name**

 **(Please print)**

**McCALLUM, McBRIDE FUND**



**2018-19**

**APPLICATION FORM - Part 2 of 2**

**Due Date: October 12, 2018**

# Applicant Information

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| Organization Name:      Address:       Registered Charitable Number:      Telephone:       Fax:       Website:      Contact Person:       Position:      Telephone:       Fax:       E-mail:       |

# Sponsor Information (if applicable)

|  |
| --- |
| Organization Name:      Address:      Registered Charitable Number:      Telephone:       Fax:       Website:      Contact Person:       Position:      Telephone:       Fax:       E-mail:      **Note: A completed and signed Partnership Agreement must be submitted with the application.** |

# Project Information

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| Project Name:      Total Project Budget: $      Amount Requested: $       Focus for Project: [ ]  Women's Shelters/Hostels [ ]  Environmental Protection  [ ]  Other |

# Proposal Summary (*Please provide a 50 – 100 word summary of your funding request.)*

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# Section A: Organization / Partnership

1. Describe the purpose or mission of your organization/partnership. Include how you will work with your partners and your community.

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**Section B: Target Population**

1. Clearly describe the target population or target community to be served by this application. Do any barriers exist that might prevent some people from participating? If so, how do you work to eliminate those barriers?

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# Section C: Community Need and Project Response

1. What is the need your project aims to address? What is your proposed solution to meet the need? What are the specific activities that you intend to use to implement your proposed solution?

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1. How is the target population or community you serve involved in the design, implementation and evaluation of the project? What other community organizations or partners will be involved in this program and how will they be involved

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1. What outcomes do you intend to achieve for your target population or community? What do you anticipate will be different because of your project?

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# Section D: Evaluation

1. How will you know that your project has achieved its outcomes? How will you evaluate your activities?

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# Section E: Sustainability

1. How will the outcomes of your project be sustained into the future?

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**Section F: Financial Information**

1. Requested Budget

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| --- | --- | --- |
| **Item** | **Details** | **Amount ($)** |
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| **Total Amount** |  |  |

9. Other Sources of Funding

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Source**OrganizationContact NameContact Number | **Item / Details** | Amount | **In Kind****or****Financial** | **Anticipated****or****Confirmed** |
|       |       |       |       |       |
|       |       |       |       |       |
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| **TOTAL** |  |  |  |  |

**Section G: Authorized Signatures**

We hereby make application for a grant from the McCallum, McBride Fund and declare that the information provided in the application form and all required attachments are complete with no misrepresentation.

We understand that submission of this application will not necessarily result in funding support from the Hamilton Community Foundation. Furthermore, we understand that applications may be funded in full or in part, and with some conditions. We understand that staff and volunteers of the Hamilton Community Foundation will review our application.

We certify that this application has official approval from the Board of Directors of the applicant organization.

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Signature, Executive Director of Name /Title (print)

Applicant\*

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Signature, Chair, Board of Directors Name /Title (print)

of Applicant\*

**\*In the event of a sponsorship, the Executive Director and Board Chair of the organization holding charitable status must sign this Application.**

### If you have any questions or require assistance, please contact

### Sharon Charters at: (905) 523-5600 x 242 / s.charters@hamiltoncommunityfoundation.ca

**This application form may be downloaded from our website** [**www.hamiltoncommunityfoundation.ca**](http://www.hamiltoncommunityfoundation.ca)

**Applications must be submitted to the Foundation office,**

**Suite 700, 120 King Street West, Hamilton, ON L8P 4V2 in HARD COPY ONLY. Submissions via email or facsimile will not be considered.**