

**McCALLUM, McBRIDE FUND**

 **2016-17**

**APPLICATION FORM - Part 1 of 2**

**Christmas Support**

**Due Date: October 14, 2016**

#### 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:**

We have included the following requested documentation for the applicant organization AND the sponsoring organization (where applicable):

* Two complete copies of the application (including all supporting documentation)
* A copy of the project budget
* A copy of your latest annual report and/or general information brochure
* A copy of the most recent audited financial statements
* Signature of the Chair of the Board of Directors and the Executive Director (page 5) 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**



 **2016-17**

**APPLICATION FORM - Part 1 of 2**

**Christmas Support**

**Due Date: October 14, 2016**

# Applicant Information

|  |
| --- |
| 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

|  |
| --- |
| Project Name:      Total Project Budget: $      Amount Requested: $        Have you received Christmas funding in the past? Yes [ ] No [ ]Is your organization listed with the Christmas Registry? Yes [ ] No [ ] |

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

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|       |

# Section A: Organization / Partnership

1. Describe the purpose or mission of your organization/partnership.

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**Section B: Target Population**

1. Clearly describe the target population, including the numbers of people who will be served by your Christmas project.

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# Section C: Activities

1. What are the specific activities you will carry out and why are they needed? Are any community partners involved in these activities?

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# Section D: Evaluation

1. How will you know if your Christmas project was successful?

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**Section E: Financial Information**

1. Requested Budget

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

6. Other Sources of Funding

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

7. What plans are in place to sustain your Christmas activities in the future?

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**Section F: 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\*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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.**