

#####  THE SPECTATOR SUMMER CAMP FUND

### APPLICATION

###  **Due Date: April 7, 2017**

**Applicant Information:**

**NAME OF ORGANIZATION:**

**ADDRESS:**

**CONTACT PERSON:** **TITLE:**

**TELEPHONE:** **FAX:** **EMAIL:**

# CHARITABLE REGISTRATION NUMBER:      Is this the first time that you are applying to this fund? Yes [ ]  No [ ] If yes, a competed "Spectator Summer Camp Fund Survey For New Applicants" survey must be submitted.

 **Name of Camp(s) and Location**

#

1.       own [ ]  rent [ ]  other [ ]

2.       own [ ]  rent [ ]  other [ ]

 Please explain “other” (ie: you sponsor children to go to this camp):

(a) **Amount requested** from Spectator Summer Camp Fund: $

(b) **This will provide** **Camperships (Camp Sponsorships) for**       children

 who reside in Hamilton/Wentworth or Burlington:

* for day camp: (#)       children
* for residential camp: (#)       children

(c) **Cost per session:**

* day camp: $      /day X       days =

 ( ie: $ 20 /day X 5 days = $100)

* residential camp: $      /day X       days =
1. Attach detailed budget for camp program, showing anticipated revenue (donations, grants, fees, agency program funds, etc.) and a breakdown of projected expenses.

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(e) Attach brochure(s) about camp(s) or description.

1. Attach your organization’s most recent annual financial statement.
2. If you are applying for the first time, attach a completed "Spectator Summer Camp

Fund Survey For New Applicants" survey form.

Any additional comments:

**11. Authorized Signatures**

We hereby make application for a grant from the Spectator Summer Camp 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 contactSharon Chartersat:

### (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.**

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