

APPLICATION FORM FOR HHF FUNDING REQUESTS

ORGANIZATIONAL INFORMATION:

Name of Organization

**Representative applying
on behalf of the
Organization**

First Name

Last Name

Representative's Title

Add your position here

Date

E-mail

**Is this organization
officially recognized as a
Non-Profit or Charitable
Organization in Canada?**

YES

NO

**Charitable Registration
Number:**

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Phone Number

Area
Code

Phone Number

Please provide a brief statement of your organization's mandate, history and accomplishments:

EVENT OR INITIATIVE SUMMARY:

Start Date:

mm-dd-yyyy

End Date:

mm-dd-yyyy

Describe the nature and importance of this project/initiative and how it aligns or advances the HHF's mandate:

What is it's purpose?

Describe the expected outcome and benefits of this project:

Who will benefit from this initiative?

Indicate whether prior HHF funding has been requested/given to your organization:

Has a funding request been previously submitted or approved to this organization?

Location:

Where is it taking place?

Size and Scope:

How many are expected to attend, participate and/or benefit from this project?

Primary Audience:

Who will benefit from such an initiative?

Include list of Board of Directors and or Volunteer Committee Members:

Include information above.

Include list of other committed or approached donors/sponsors:

Include information above.