

GRANT APPLICATION

Grant Type: **A** **B**

Submit completed application by email to:
foundations.toronto@scotiawealth.com

ORGANIZATION DETAILS If requested, does your organization have a business plan available for us to review? **Yes** **No**

Name:

Address:

Charitable Registration #:

Website Address:

CONTACT INFO Name: Title:

Email: Phone: Fax:

PREVIOUS GRANT(S) RECEIVED FROM CHIF Year: Amount: Year: Amount:

DESCRIPTION OF ORGANIZATION Describe your existing programs and services, geographic area served, etc.

COMPETITORS

List other organizations that provide similar services and describe what sets your organization apart from them.

REQUEST FOR FUNDING

What is the purpose of request: i.e. details of project / program?

Amount Requested:

FINANCIAL INFORMATION

a) General Operations

Total operating revenue for previous fiscal year: What percentage of this amount is paid by the following?

Governments: Foundations: Corporations: Other:

b) Details of Funding Requested

Total estimated cost for project / program: What percentage is expected to be funded by the following?

Governments: Foundations: Corporations: Other:

Funds Raised / Committed to date: Project / Program Starting Date:

Organization's current ratio of Assets to Liabilities within the last 30 days: (= *Total Liabilities / Total Assets*)

BUSINESS PLAN

How does your organization measure success, and where does your organization expect to be in 5 years?

APPLICATION CHECKLIST

Incomplete applications will not be considered. Only requested information should be provided.

- Project budget / estimates Latest year's audited statements General operating budget for current year