

**Application Form**

Organization:

Charitable Status Number (if applicable):

Date of Application:

Projected start and end date of project:

Name of Program (if applicable):

Contact Name:

Address:

City:

Province:

Postal Code:

Phone:

Email:

**Funding**

1. Type of Funding Requested
* Capital Equipment
* Nutrition
* Physical Activity
* Mental Health
* Research
* Additional funding for previously approved project
1. Amount of Funding Requested (Max of $5000)
2. In 3 sentences please summarize this project:
3. Description of Project: (things to consider including, what is the spend per person impacted in delivery or project, research/planning budget vs. execution, number of staff/volunteers involved, partner organizations for delivery)
4. What are the objectives?



1. Which of the following does this project impact?
* Health equity
* Health access
* Health promotion

Elaborate how? (previous question)

1. Have you been successful in obtaining funding previously for projects, if so, please provide details of outcomes.
2. How many unique patients will this impact?
3. What is the total project budget?
4. How will outcomes/success of this project be measured:
5. When can we expect to receive an update on outcomes on this project if funding is approved?
6. What is the duration of project and how far will the applied for funding take the project?
7. Please list community partners involved in this project:
8. Describe how this project is servicing an area of care in the community that is currently not being addressed or requires additional support:
9. Should funding be approved, will you be able to provide anecdotal stories with client’s service that we can share with donors?
10. Is this program sustainable long term beyond the funding applied for? Please elaborate.



1. Have you applied to other funding streams for this project? If so which ones.

Please provide a copy of the following:

1. A project outline and/or supporting material related to the project
2. Any other sources of funding

All supplemental material can be emailed in confidence to Vince@GPHSF.ca

For more information or enquires please phone 705 740 8074 ext. 101 or email Vince@GPHSF.ca

Paper applications can be mailed or delivered to:

Greater Peterborough Health Services Foundation

185 King Street (5th Floor)

Peterborough Ontario

K9J 2R8

C/O Senior Care Micro Grants