**Founders’ Fund Application**

The **Canadian Friends Historical Association** is dedicated to the preservation and communication of the history and faith of the Religious Society of Friends (Quakers) in Canada and their contribution to the Canadian Experience.

Please download and save this application package. The forms should be completed electronically, printed and mailed to:

 Canadian Friends Historical Association

 P.O. Box 21527

 Upper Canada Postal Outlet

 Newmarket, Ontario

 L3Y 8J1

Please ensure that all requested information is complete and the forms are signed by the appropriate authorities.

Please note:

1. Applications will be reviewed on an on-going basis dependent on the distribution amount available in a given fiscal year.
2. Applicants may be asked to provide additional information or clarify information contained in the Founders’ Fund application.
3. Applications are reviewed by a 5 person committee entrusted to oversee the Founders’ Fund.
4. Successful applicants will be contacted within 30 days of the committee’s decision.
5. Where possible, the Canadian Friends Historical Association requests charitable tax receipts for grant funds.
6. Successful applicants will be required to complete a post-project report. The Canadian Friends Historical Association reserves the right to publish post-project reports (including images).

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

Date of Application:

Name of Organization:

Contact Person:

Phone number: Email:

Mailing Address:

Website:

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

Please provide the following information in this order. Use the headings and numbers provided in your own word processing format, providing flexibility for length of response.

A. Purpose of Grant

1. Statement of needs/problems to be addressed.
2. Description of project goals and benefits.
3. Timetable for project.
4. Project connection to the Mission of the Canadian Friends Historical Association.
5. For organizations, complete Part B. For individuals, complete Part C

B. Organization Information

1. Brief summary of organization’s history.
2. Brief statement of organization’s mission and goals.
3. Description of current programs, activities and accomplishments.

C. Individual Information

1. Brief rationale for the project.
2. Description of current activities and accomplishments.

D. Budget

1. Project budget
2. List of other foundations, corporations and other funding sources to which this proposal has been submitted.
3. Other strategies for funding this project.

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

I certify that the above information is complete and accurate to the best of my knowledge.

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

Contact Signature Date

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

For the use of the **Canadian Friends Historical Association**

Date Received:

Grant Amount:

Cheque No.:

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

Association Chair Signature Date

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

Association Treasurer Signature Date

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

Committee Member Signature Date

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

Committee Member Signature Date

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

Committee Member Signature Date