**FUNDING APPLICATION**

**HAMILTON DISTRICT SOCIETY FOR DISABLED CHILDREN**

APPLICANT ORGANIZATION:

NAME OF PROJECT:

DATE:

Organization’s Mission Statement/Statement of Purpose:

Amount Requested:

When are the funds required:

Address:

Telephone: Fax:

Contact Person: Position:

Charitable Registration: Date of Founding:

Signature of Applicant:

**Purpose of Funding Request:**

Funds will be used for: Development of a New Program

 Service Improvement/ Expansion (explain)

 Capital Expenditure

 (provide official quote)

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**Please describe the project, who and how many will be served, and the anticipated benefits to children with physical disabilities.**

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What other funding sources have been explored?

What other funding sources have been obtained?

Provide a budget for project/program, outlining sources of funds and costs to be incurred.

What is the proposed start-up and completion dates for project?

Describe any other community support you have for this project.

**Other Financial Considerations:**

What would happen if the Society funded only a portion of the requested amount?

If this is an ongoing project, how will it be sustained in the future?

**Please forward completed application to Mark Matson, President c/o Paula Kerlew, Administrative Assistant, Hamilton District Society for Disabled Children, 325 Wellington St. North, Hamilton ON L8L 0A4**