

HOME TREASURES

Treasures for your Home Society (Cochrane Home Treasures)

APPLICATION REQUEST FOR FUNDING

Date _____

Name of Organization _____

Contact Person _____

Position with the Organization _____

Mailing Address _____

Email Address _____ Phone number _____

AMOUNT REQUESTED \$

In the past three (3) years, have you requested funding from the Cochrane Treasures for Your Home Society?

YES

NO

If yes, please specify the amount(s), purpose and year(s) funding was granted:

Briefly describe your Organization's Mission & Goals: _____

What specifically are you requesting funds for? _____

Describe the purpose of the program, event, service and/or equipment that you are requesting the funding for: _____

If the funding is provided, what will be the benefit to participants, the community and Cochrane residents? How many participants will benefit? _____

Would this funding allow for the expansion of existing programs to reach more participants?

Is this a new program/service; an innovative enhancement to current offerings; and/or does it offer improved outcomes for participants? _____

Would this funding increase your organization's ability to leverage other funding or increase community partnerships? _____

Provide an itemized breakdown of how the funds you may receive from CHT will be spent.
(If you have any quotes or information to support your request please include them.)

Have you requested funds for this from any other source(s)?

YES

NO

If yes, please give the amount and the outcome of the request: _____

As part of the funding application, an authorized signature is required on behalf of the organization committing that:

1. Financial need continues to exist; and funds will only be used for the purpose as indicated in the application approval;
2. Funds will be expended within one year of funding approval;
3. If funding of \$3,000 or more is received, within 6 months of expenditure the organization will report back to the Cochrane Treasures for Your Home Society on how the monies were expended. This may include photos, receipts and a brief summary report.
4. The organization will recognize the support of Cochrane Home Treasures in their marketing and social media.

On behalf of (organization) _____

Name and Position within the organization _____

Contact Information (email) _____ Phone: _____

Signature _____ Date _____

Please email or mail your request to:

hometreasures@telus.net
Cochrane Home Treasures
PO Box 1868
Cochrane, AB T4C 1B7

FOR COCHRANE HOME TREASURES USE ONLY

Date Received _____ Request granted/denied _____